**From:** (b)(6);(b)(7)(C)
**Sent:** 16 May 2017 19:19:04 +0000
**To:** (b)(6);(b)(7)(C)
**Subject:** Re: requested information

Thank you! I appreciate that

(b)(6);(b)(7)(C)
Region 3
229-815-(b)(6);(b)(

On May 16, 2017, at 3:14 PM (b)(6);(b)(7)(C) > wrote:

> Hello J(b)(6);(b)(7)(C)
>
> Please see the information you requested below.
>
> Next of Kin info:
> Sister- (b)(6);(b)(7)(C)
> (b)(6);(b)(7)(C)
> 913-755-(b)(6);(
>
> The other items you have requested are attached above and my contact info is listed below. Let me know if you need any additional information.
>
> Thank you
>
> J(b)(6);(b)(7)(
> Assistant Field Office Director
> Immigration and Customs Enforcement
> U.S. Department of Homeland Security
> Lumpkin, GA
> 146 CCA Road
> Lumpkin, GA 31815
> Office: (229) 838(b)(6);(b)(7)(C)
> Cell: (229) 529 5
> (b)(6);(b)(7)(C)

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**From:** (b)(6);(b)(7)(C)
**Sent:** Tuesday, May 16, 2017 1:44 PM
**To:** (b)(6);(b)(7)(C)
**Subject:** requested information

Hey sir, when you are able, can you provide me with the following information:

1. Contact name and info for the Consulate of Panama
2. JIMENEZ-JOSEPH's next of kin information
3. Website to refer the media to
4. Your work address and work contact # ?

I have to do an ID information sheet any time I speak to someone regarding a case, that's why I asked for #3.

Thank you for your help!

Thank you

(b)(6);(b)(7)(C)
GBI – Region 3
321 McMath Mill Road
Americus, GA 31719

229-931-(b)(6);(b)(7)(C) office)
229-931-2438 (fax)
229-815-(b)(6);(b)(7)(C) cell)

<mime-attachment>

<mime-attachment>

**From:** (b)(6);(b)(7)(C)
**Sent:** 15 May 2017 15:09:32 +0000
**To:** (b)(6);(b)(7)(C)
**Cc:**
**Subject:** RE: SDC Detainee Death

(b)(6);(b)(7)
I just forwarded your contact info to J (b)(6);(b)(7)(C) ur duty agent.
He should be reaching out to touch base.
Thanks

---

**Fro** (b)(6);(b)(7)(C)
**Sent:** Monday, May 15, 2017 11:00 AM
**To:** (b)(6);(b)(7)(C)
**Cc:**
**Subject:** SDC Detainee Death

Hey (b)(6);(b)(7)(C)

AFOD (b)(6);(b)(7)(C) down at SDC (copied on this email) has advised that GBI responded to the scene and has completed processing the involved cell.

The cell is still being secured by CCA staff and they have requested guidance on if the cell can be re-opened. Before advising if they can re-open the cell, AFO (b)(6);(b)(7)(C) has inquired if there is any reason to keep the location secured, i.e. a response from OIG?

If possible, can you or one of your agents let him know if you guys anticipate a response or any other reason to continue to secure the scene??

Thanks,

(b)(6);(b)(7)(C)
Senior Special Agent
DHS/ICE
Office of Professional Responsibility
Atlanta, GA
Cell 678-222-(b)(6);(b)(7)(C)

**From:** (b)(6);(b)(7)(C)
**Sent:** 19 May 2017 08:43:34 -0400
**To:** (b)(6);(b)(7)(C)
**Subject:** RE: SDC UCAPs
**Attachments:** Approved RA Memorandum.pdf, STWRTGA_04_28_2016_Annual_UCAP_KEY_423.doc, STWRTGA16 - StewartGA-G324A PBNDS O72 2011-04-28-16.pdf, STWRTGA16- StewartGA CoverLTR 04-28.pdf, STWRTGA16- StewartGA SIS 04-28-16.pdf, STWRTGA17 - G324A PBNDS O72 2011 05-04-17.pdf, STWRTGA17- StewartGA SIS 05-04-17.pdf, STWRTGA17- StewartGA CoverLTR-05-04-2017.pdf

Good morning,

Attached are the Nakamoto inspection documents for 2016 and 2017. The 2017 inspection did not require a UCAP as no deficiencies were indicated. The 2017 RA Memorandum is still pending review and signature by the DAD.

Please let me know if I can be of further assistance.

Thanks,

(b)(6);(b)(7)(C)
**| Detention and Deportation Officer**
U.S. Department of Homeland Security
Immigration and Customs Enforcement
Detention Standards Compliance Unit
500 12th Street, SW
Washington, D.C. 20536
D: (202)73(b)(6);( | C: (202)276-(b)(6)
E: (b)(6);(b)(7)(C)

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---

**From** (b)(6);(b)(7)(C)
**Sent:** Friday, May 19, 2017 8:34 AM
**To:** (b)(6);(b)(7)(C)
**Subject:** SDC UCAPs

Hello (b)(6);(b)(7)(C)

Could you please send me the following information?: Results of recent facility inspections, common conditions of confinement complaints, and any recent UCAPs and corrective actions.

Thank you

(b)(6);(b)(7)(C)

Assistant Field Office Director
Immigration and Customs Enforcement
U.S. Department of Homeland Security
Lumpkin, GA
Office: (229) 838-(b)(6);(b)(7)(C)
Cell: (229) 529-5

(b)(6);(b)(7)(C)

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*Office of Enforcement and Removal Operations*

**U.S. Department of Homeland Security**
500 12th Street, SW
Washington, DC 20536

U.S. Immigration and Customs Enforcement

MEMORANDUM FOR: Sean Gallagher
Field Office Director
Atlanta Field Office

SEP 09 2016

FROM: (b)(6);(b)(7)(C)
Assistant Director for Custody Management

SUBJECT: Stewart Detention Center Annual Review 2016

The annual review of the Stewart Detention Center conducted on April 26-28, 2016, in Lumpkin, Georgia has been received. A final rating of **Meets Standards** is assigned.

The rating was based on the Lead Compliance Inspector (LCI) Summary Memorandum and supporting documentation. The Field Office Director must initiate the following actions in accordance with the Detention Management Control Program (DMCP):

1) The Field Office Director, Enforcement and Removal Operations, shall notify the facility **within** five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.

2) Return the attached Uniform Corrective Action Plan (UCAP) within fifty-five (55) business days to the Headquarters Detention Standards Compliance Unit.

Should you or your staff have any questions regarding this matter, please contact (b)(6);(b)(7)(C) Deputy Assistant Director, Custody Management Division at (202) 732-(b)(6);(b)(7)(C)

cc: Official File

**Department of Homeland Security**
Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

# ICE Uniform Corrective Action Plan

**ICE HQ USE ONLY:** ***(DO NOT EDIT*)***

| | | |
|---|---|---|
| **Review Date: 4/28/2016** | **DETLOC: STWRTGA** | **Review Purpose: Annual** |
| **Complete and Return to ICE HQ No Later Than: 7/25/2016** | | **Review Type: PBNDS_2011_G324_O72** |
| **Facility Corrective Action Plan Assigned To: ATL** | | |
| **Facility Name** **STEWART DETENTION CENTER** | | |
| **Address** **146 CCA ROAD** | | |
| **City: LUMPKIN** | **State: GA** | **Zip Code: 31815** |
| **County** **STEWART** | | |
| **Document Key: 423** | **Form Key (Version): 9** | |
| **Document Name: STWRTGA_04_28_2016_Annual_UCAP_KEY_423.doc** | | |

***If Edits are required, contact ICE HQ for an updated form.**

**FIELD OFFICE USE:** ***(Updates Permitted, Field Entry Required)***

| |
|---|
| **Date of Final Submission:** **(Use following format for dates: mm/dd/yyyy)** |

Form Date: 01-27-2014

**Department of Homeland Security**
Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

**Instructions for Corrective Action Response**

Provide a detailed description of the corrective action taken by the facility to address each of the deficiencies identified in the review. Please ensure that each corrective action corrects the noted deficiency to the fullest extent possible. In the event a deficiency cannot be corrected within the authorized timeline, an explanation is required in the "Corrective Actions" column. The explanation should include a work around solution while pending final resolution, and an approximate completion date. If an extension is needed, the Field Office must contact the appropriate DMD staff member with this request in advance of the specified timelines for submission.

***Exceptions to this timeline may be granted for necessary construction and staffing requirements, but will require an estimated completion date and temporary "work around" as part of the approved UCAP. Serious life and safety issues must be corrected immediately.***

| **Hunger Strikes (Key: U)** | | | | | |
|---|---|---|---|---|---|
| This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike. | | | | | |
| Item No. | Component | Deficiency Identified | Corrective Action | Projected Completion Date | Date Completed |
| 1 | Unless otherwise directed by the medical authority, staff physically deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers. (Key: U09) | Personnel are required to deliver three meals per day to the detainee's cell and complete applicable documentation, regardless of the detainee's response to verbal offers of a meal. Per review of documentation of hunger strikes, the documentation of three meals per day is not consistently completed. | | | |

| **This UCAP has been reviewed and concurred with by an ERO field office official equivalent to an AFOD or above.** | |
|---|---|
| **Reviewer Name (Printed):** | ***Reviewed Date:** |
| **Reviewer Title (Printed):** | |
| **Reviewer Signature (for printed form submission):** | |

**** Field Entry Required***

**Department of Homeland Security**
Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

***Condition of Confinement Inspection Worksheet***
*(This document must be attached to each G-324A Detention Review Form)*
***This Form is to be used for Inspections of Facilities used over 72 Hours***

# Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities

**REVIEW TEAM USE:** ***(Edits Permitted, ALL FIELDS REQUIRED)***

| **Facility Information** | | | |
|---|---|---|---|
| **Facility Name:** Stewart Detention Center | | | **Review Purpose:** Annual |
| **Facility Type:** IGSA<br>Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF) | | | |
| **Address:** | 146 CCA Road | | |
| **City:** Lumpkin | **State:** GA | | **Zip:** 31815 |
| **County:** | Stewart | | |
| **CEO Name:** Bill Spivey | | | **CEO Title:** Warden |
| **Review Information** (Use following format for dates: mm/dd/yyyy) | | | |
| **Start Date:** 4/26/2016 | **End Date:** 4/28/2016 | | **Review Type:** Headquarters |
| **Lead Name** (b)(6);(b)(7)(C) | | | **Lead Title:** LCI |
| **Review Document Issue Summary** (See Document Check Section to Review/Update) | | | |
| **Error(s) Found:** | 0 | **Items Not Rated:** | 0 |

**ICE HQ USE ONLY:** ***(DO NOT EDIT*)***

| | | |
|---|---|---|
| **Form Name** (b)(6);(b)(7)(C) | **Form Key:** 8 | **Form Date:** 11/14/2012 |
| **Form Type:** PBNDS | **Form Review Type:** Annual | **Form Over/Under 72 Status:** O72 |

***If Edits are required, contact ICE HQ for an updated form.**

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## *INTRODUCTION TO THE G324A OVER 72 HOUR FACILITY DETENTION REVIEW WORKSHEETS*

The revised Performance-Based National Detention Standards (PBNDS 2011) were designed to better address the needs of ICE's detainee population while maintaining a safe and secure detention environment for staff and detainees. The revised standards build on the requirements of PBNDS 2008 to improve medical and mental health services, increase access to legal services and religious opportunities, improve communication with detainees with limited English proficiency, improve the process for reporting and responding to complaints, and increase recreation and visitation. The PBNDS 2011 follows the overall structure and organization of the PBNDS 2008, but adds one additional standard to Section 4 on Women's Medical Care, and applies certain italicized requirements to dedicated inter-governmental service agreement (IGSA) facilities, in addition to service processing centers (SPCs) and contract detention facilities (CDFs).

### WHAT IS "PERFORMANCE-BASED"?

Unlike "policy and procedures" that focus solely on what is to be done, performance-based policy starts with a focus on the results or outcomes that the required procedures are expected to accomplish. Each performance-based standard has been revised to produce Expected Outcomes that are clearly stated. Each standard reflects the overall mission and purpose of the agency and contributes to the goal that has been articulated.

Expected Practices found in the PBNDS represent what is to be done to accomplish the Expected Outcomes that will meet the Purpose and Scope of the detention standard.

### WORKSHEET OVERVIEW

Detention Review Worksheets are used to assess facility compliance with ICE detention standards. This set of worksheets is derived from the policies and procedures set forth in the PBNDS 2011. The G324A is for use with facilities that house detainees for over 72 hours.

Various line items in the worksheets have been designated as "Priority." Priority components replace mandatory components in earlier PBNDS 2008 worksheets, and represent those PBNDS requirements that ICE deems of critical importance for ensuring adequate conditions of confinement and the safety and security of detainees and staff at all ICE authorized detention facilities.

## WORKSHEET COMPLETION

Reviewers are required to complete each item within each section of the G324A Detention Review Worksheets. Worksheets are in a uniform format with three columns, with PBNDS purpose and scope stated at the top of the worksheet. Column one contains the relevant standard line item. Column two contains a dropdown menu for each row where a rating can be assigned to a given line item. In addition to rating options for "Meets Standard" and "Does Not Meet Standard," there is an option for the review team to select "N/A." The "N/A" rating should be used only rarely and where applicable. In addition, the remarks section for each line item should be filled out in as much detail as possible. If the review team fails to assign a rating to a given line item, the default rating and thus the assigned rating on the worksheet will show as "Not Rated."

There is also a summary remarks and rating section at the end of each standard that must be completed by the assigned reviewer. The remarks should be filled out with sufficient detail to assist the Review Authority in accurately assessing overall facility compliance to the PBNDS.

# *Section I: SAFETY*

**Emergency Plans**
**Environmental Health and Safety**
**Transportation (By Land)**



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| STANDARD 1.1. EMERGENCY PLANS (Key: A) | | |
|---|---|---|
| This detention standard ensures a safe environment for detainees and employees by establishing contingency plans to quickly and effectively respond to emergency situations and to minimize their severity. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Staff are trained to identify signs of detainee unrest. | Meets Standard | Personnel receive pre-service and annual training in identifying signs of detainee unrest. |
| 2. All staff receive training in emergency preparedness during their initial orientation, and training on the facility's emergency plans at least annually. | Meets Standard | All personnel receive training in emergency preparedness during their pre-service training and annual training. |
| 3. PRIORITY: The facility shall have in place contingency plans for responding to emergencies, including a locally approved and annually updated evacuation plan. | Meets Standard | Contingency plans are in place for responding to emergencies. These plans include an evacuation plan approved annually by the Georgia Office of Insurance and State Fire Commission. The agency plan was last reviewed and approved on 03/29/2016. |
| 4. Contingency plans shall include procedures for handling special needs detainees during an emergency or evacuation. | Meets Standard | |
| 5. The facility administrator shall notify facility staff in a timely manner when changes are made to the emergency plan. | Meets Standard | |
| 6. *(SPCs/CDFs) Each SPC and CDF shall develop contingency plans with local, State, and Federal law enforcement agencies and formalize those agreements with Memoranda of Understanding (MOUs). The facility administrator shall review and approve contingency plans at least annually.* | Meets Standard | At this DIGSA, contingency plans have been developed with the appropriate agencies as required by this component. These agreements are formalized with MOUs and are reviewed and approved annually by the OIC. They were reviewed during this inspection. |
| 7. Every plan that is being developed or is final must include a statement prohibiting unauthorized disclosure. | Meets Standard | |
| 8. The facility shall establish written policy and procedures addressing, at a minimum: chain of command, command post/center, staff recall, staff assembly, emergency response components, use of force, video recording, records and logs, utility shutoff, employee conduct and responsibility, public relations, facility security, etc. | Meets Standard | Written emergency plans address each item listed in this component. |
| 9. *(SPCs/CDFs) The facility shall set up a primary command post outside the secure perimeter that is equipped as per the Emergency Plan standard.* | Meets Standard | At this DIGSA, the primary command post is located outside the secure perimeter. It is equipped as required by the Emergency Plans standard. |



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| STANDARD 1.1. EMERGENCY PLANS (Key: A) | | |
|---|---|---|
| This detention standard ensures a safe environment for detainees and employees by establishing contingency plans to quickly and effectively respond to emergency situations and to minimize their severity. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 10. At least one video camera shall be maintained in the Control Center for use in emergency situations. | Meets Standard | A video camera is maintained in each of the four Emergency Response Team boxes, two are kept in the control center and one is maintained in office of the chief of security for a total of seven video cameras. |
| 11. Emergency plans include emergency medical treatment for staff and detainees during and after an incident. | Meets Standard | |
| 12. The FSA shall make contingency plans for providing meals to detainees and staff during an emergency, including access to community resources, which the FSA shall negotiate during the planning phase. | Meets Standard | The food service director (FSD) maintains a sixteen-day food supply. The FSD has coordinated contingency plans with community resources for assistance during emergencies for meal preparation, if required. |
| 13. The plan shall include post-emergency procedures. | Meets Standard | |
| 14. Written procedures cover:<br>• Work/Food Strike<br>• Fire<br>• Environmental Hazard<br>• Detainee Transportation System Emergency<br>• ICE-wide Lockdown<br>• Staff Work Stoppage<br>• Disturbances<br>• Escapes<br>• Bomb Threats<br>• Adverse Weather<br>• Internal Searches<br>• Facility Evacuation<br>• Detainee Transportation System Plan<br>• Hostages (Internal)<br>• Civil Disturbances<br>• If needed, other site-specific plans | Meets Standard | Written procedures cover all of the items listed in this component. |

| STANDARD 1.1. EMERGENCY PLANS – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |



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**STANDARD 1.1. EMERGENCY PLANS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

Review of the facility emergency policy and procedures and interviews with the chief of security confirmed the facility has plans in place for emergencies which may occur. These plans are considered confidential and are handled accordingly. Officers are trained and well-versed in monitoring the detainee climate within the facility. All plans comply with standards for confidentiality, accountability, review and revision. Each plan includes procedures for rendering emergency assistance to and from other facilities in the form of supplies, transportation, and temporary housing, etc.

The chief of security is responsible for developing and implementing emergency contingency plans. Emergency plans are updated as often as necessary and forwarded to the OIC for approval. In the development of plans, input from all department heads is solicited, and they are made aware of their responsibility to be fully ready to exercise their responsibilities under the plan. Reviews of plans are conducted annually, with participation from every department head. Annual reviews and approval of the plans are recorded on the master copy, even if the review resulted in no changes. The chief of security determines where copies of the various plans are to be stored, and in what quantity. A master copy of the plans is maintained outside the secure perimeter, along with an itemized list of plans and where they can be found. There is a check-out system that accounts for all plans at all times, with safeguards against detainee access. The emergency plans are also kept on an intranet system that is password-protected and only accessible to personnel authorized by the OIC. An accurate inventory of equipment identified for use during implementation of the plan is maintained and reviewed at least every six months to ensure its accuracy.

General requirements for the implementation of emergency plans include policy and procedure for alternative means for emergency staff reaching the facility if the main approach becomes dangerous or inaccessible. They also include how and when staff notify nearby residents of the situation, including the type of emergency actions being taken, evacuation routes if applicable, and special precautions that may need to be taken. An accurate inventory of equipment identified for use during implementation of the plan is maintained and reviewed at least every six months to ensure its accuracy. The plans include radio equipment to be utilized and where battery charging stations are located. Contingency emergency plans at this facility are in place to respond to the emergencies listed in the standard.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed** (b)(6),(b)(7)(C) [redacted]

**Completion Date:** 4/28/2016

**Reviewer Signature (for printed form submission):**

| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B) | | |
|---|---|---|
| This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the:<br>• American Correctional Association,<br>• Occupational Safety and Health Administration,<br>• Environmental Protection Agency,<br>• Food and Drug Administration,<br>• National Fire Protection Association's Life Safety Code, and<br>• National Center for Disease Control and Prevention. | Meets Standard | Safety and hygiene conditions are maintained at levels that are congruent with the expectations of all the regulatory agencies identified in this component. The facility is accredited by the American Correctional Association. Also, the Georgia Office of Insurance and State Fire Commission conduct annual inspections of the facility. |
| 2. A housekeeping plan will be developed for detainee living areas noted in the standards. The facility appears clean and well maintained. | Meets Standard | Policy that includes a house keeping plan has been developed for the detainee living areas. The facility is clean and well maintained. |
| 3. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials. | Meets Standard | Policy outlines the procedures for the inventory, issuing, storage, and use of flammable, toxic and caustic materials. Accurate inventories were maintained in all areas using hazardous materials. Inventory records were not maintained in alphabetical order as required by the standard. This was corrected during the review. |
| 4. The Maintenance Supervisor or facility administrator designee shall compile:<br>• An up to date master index of all hazardous substances in the facility and their locations;<br>• A master file of MSDSs; and<br>• A comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.). | Meets Standard | MSDS files were observed to be up-to-date. The master binder is located in the safety office and includes a master index and data files of all hazardous substances. The binder includes a diagram showing storage locations and an up-to-date listing of the emergency contact numbers as required. |



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2018-ICLI-00023 6288

| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B) | | |
|---|---|---|
| This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 5. All personnel using flammable, toxic, and/or caustic substances follow prescribed safety procedures. | Meets Standard | Every individual who uses a hazardous substance is trained in accordance with OSHA standards. Personnel receiving the training are knowledgeable about all prescribed safety procedures to include wearing personal protective equipment (PPE) and reporting hazards and spills to the safety manager. Portable eyewash stations were observed to be installed throughout the facility. Two hard plumbed eyewash stations are installed in both the medical and food service departments. One plumbed eye wash station was observed in the main chemical storage area and the safety manager stated that an additional eye wash station is installed in the maintenance department. The maintenance department is located outside of the secure perimeter of the facility, and not subject to this inspection. |
| 6. The MSDS are readily accessible to staff and detainees in the work areas. | Meets Standard | The MSDS binders are located and readily accessible in all work areas as required by the component. It should be noted that the MSDS file in the food service department and the laundry did not include the diagram and legend of where hazardous materials are used or stored in the facility. This was corrected during the inspection. |
| 7. Hazardous materials are always issued under proper supervision. | Meets Standard | Full strength, hazardous chemicals are dispensed through secure, automated distribution systems. Chemicals utilized in the housing units are issued to detainees in a diluted, non-hazardous state. |
| 8. All toxic and caustic materials stored in their original containers in a secure area. | Meets Standard | |



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| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B) | | |
|---|---|---|
| This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 9. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS. | Meets Standard | |
| 10. The facility program will be supervised by a person who has been trained in accordance with OSHA standards. | Meets Standard | The safety manager has completed OHSA 511 General Industry Training. |
| 11. PRIORITY: A qualified departmental staff member shall conduct weekly fire and safety inspections. | Meets Standard | Departmental personnel performing weekly fire and safety inspections receive training from the safety manager. |
| 12. Facility maintenance (safety) staff shall conduct monthly inspections. | Meets Standard | The safety manager conducts and documents monthly fire and safety inspections. |
| 13. The facility maintains files of inspection reports, including corrective actions taken. | Meets Standard | |
| 14. PRIORITY: The facility has an approved fire prevention, control, and evacuation plan. | Meets Standard | The facility has an approved fire prevention, control and evacuation plan. The plan was approved by the Georgia Office of Insurance and State Fire Commission. |
| 15. The plan requires:<br>• Monthly fire inspections.<br>• Fire protection equipment strategically located throughout the facility.<br>• Public posting of emergency plan with accessible building/room floor plans.<br>• Exit signs and directional arrows.<br>• An area-specific exit diagram conspicuously posted in the diagrammed area. | Meets Standard | The fire prevention, control and evacuation plan includes all of the requirements of this component. The plan contains provisions for the control of ignition sources, the control of combustible and flammable fuel loads and the inspection, testing and maintenance of fire protection. The plan also describes the provisions for occupant protection from fire/smoke. Exit diagrams are posted throughout the facility and are written in English and Spanish. The exit diagrams included "you are here" markers, emergency equipment locations and areas of safe refuge. |



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| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B) | | |
|---|---|---|
| This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 16. Fire drills are conducted and documented quarterly in all facility locations including the administrative area. | Meets Standard | Fire drills are conducted and documented monthly, to ensure that drills are held, in every facility location, at least once per quarter. Drills in areas occupied or staffed during non-working hours are scheduled so that employees on each shift participate in at least an annual drill. Detainees are evacuated except in areas where security and/or patient health could be jeopardized. In these situations, and where evacuation of detainees was not logistically feasible, the evacuations are simulated. Emergency key drills are conducted and documented. The emergency key drill documents the time that the keys were drawn from the control center, but did not include the time that the emergency door was unlocked. The standard requires that the drills are timed, with response times within the NFPA recommended four and one-half minutes. |
| 17. PRIORITY: The facility administrator shall ensure licensed pest-control professionals perform monthly inspections to identify and eradicate rodents, insects and vermin, including a preventative spraying program for indigenous insects. | Meets Standard | Orkin Pest Control, a licensed pest control professional, provides monthly exterminating services, to include preventative spraying for indigenous pests. |
| 18. At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable Standards. | Meets Standard | Wastewater is tested quarterly and drinking water is tested monthly by the Georgia Department of Natural Resources. |
| 19. Emergency power generators are tested as required by emergency plans and manufacturer's recommendations. | Meets Standard | |


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| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B) | | |
|---|---|---|
| This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 20. (Medical Operations) Written procedures, to include an exposure-control plan in the event of a needle stick, regulate the handling and disposal of used needles and other sharp objects. | Meets Standard | Policy delineates procedures for standard precautions to include the handling of used needles, sharp objects and the guidelines to follow in the event of an accidental exposure. Items included under this plan are: hypodermic needles and syringes, scalpel blades, glass vials or ampoules containing materials deemed to be infectious, burrs, glass cartridges, and lancets. Should an individual become exposed while handling a potentially contaminated sharp object, the individual will be counseled regarding baseline testing for HBV and HIV and referred to their health care source. If the injury involves a person who is a known source of possible infection, that person will also be tested as required. The incident will be reported as an occupational injury and documented in accordance with applicable regulations and laws. |
| 21. (Medical Operations) Standard cleaning practices include:<br>• Using specified equipment; cleansers; disinfectants and detergents.<br>• An established schedule of cleaning and follow-up inspections. | Meets Standard | An established cleaning schedule is followed using specific approved cleansers. Follow-up is provided as needed. |
| 22. (Medical Operations) Spill kits are readily available. | Meets Standard | Spill kits are maintained in all areas of the facility. |
| 23. (Medical Operations) A licensed medical waste contractor disposes of infectious/bio-hazardous waste. | Meets Standard | Stericycle, a licensed medical waste contractor, disposes of infectious/bio-hazardous waste. Infectious waste was clearly labeled and doubled-bagged. The red bags that are used for bio-hazardous waste storage are impermeable and specifically designed for that purpose. |

| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B) | | |
|---|---|---|
| This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 24. (Medical Operations) Staff are trained to prevent contact with blood and other body fluids and written procedures are followed. | Meets Standard | All employees are trained in universal precautions during pre-service training and annually thereafter. There were no instances during the inspection to confirm that the written procedures are followed. |
| 25. (Medical Operations) The Health Services Administrator conducts medical-facility inspections daily. | Meets Standard | |
| 26. The facility administrator designee shall: conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions. | Meets Standard | The IHSC health services administrator and safety manager share the responsibility of performing all of the required duties listed in this component. |
| 27. The facility administrator designee for environmental health is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. | Meets Standard | The IHSC health services administrator and safety manager are responsible for developing and implementing policies, procedures and guidelines for the environmental health program. |

**STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of policies, interviews with employees and inspection of the physical plant verified that the facility protects employees, volunteers and detainees from injury and illness. The facility has a fire alarm and detection system that includes an automatic sprinkler system for fire suppression. The system meets all local and national fire safety codes. Good sanitation standards, control of hazardous substances and sound fire safety policies resulted in environmental health conditions consistent with the standards expectations.

General cleaning procedures have been developed that include isolation cleaning, terminal cleaning, blood and body fluid clean-up and the selection and use of disinfectants. All items that pose a security risk, such as sharp instruments, syringes, needles and scissors were inventoried daily by designated personnel, and weekly by the HSA or designee. Sanitation levels were very good during the inspection. There are three barbershops available for detainee haircuts. All three areas meet the standards requirements for sanitation.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 04/28/2016

**Reviewer Signature (for printed form submission):**

## STANDARD 1.3. TRANSPORTATION (BY LAND) (Key: C)

This detention standard prevents harm to the general public, detainees, and staff by ensuring that vehicles used for transporting detainees are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

**Standard N/A**

**Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. The Facility Administrator shall develop and implement written policy, procedures and guidelines for the transportation of detainees. | N/A | |
| 2. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review. | N/A | |
| 3. To be assigned to a bus transporting detainees, an officer must have successfully completed the ICE/ERO bus-driver-training program or a comparable approved training program and all local state requirements for a Commercial Driver's License (CDL). | N/A | |
| 4. Supervisors maintain records for each vehicle operator. This includes certificate of completion from bus training program, most current physical exam used to obtain the CDL, and a copy of the CDL. | N/A | |
| 5. Maximum driving time (time on the road), for CDL operators, is governed by USDOT. | N/A | |
| 6. The transporting officer inspects the vehicle before the start of each detail. | N/A | |
| 7. Positive identification of all detainees being transported is confirmed. | N/A | |
| 8. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level. | N/A | |
| 9. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles. | N/A | |
| 10. Vehicles used for transporting detainees include equipment appropriate and necessary for transporting detainees with disabilities and special needs. | N/A | |
| 11. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. | N/A | |
| 12. The facility administrator shall establish the procedures and schedule for sanitizing facility vehicles. | N/A | |

| STANDARD 1.3. TRANSPORTATION (BY LAND) (Key: C) | | |
|---|---|---|
| This detention standard prevents harm to the general public, detainees, and staff by ensuring that vehicles used for transporting detainees are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.<br>Standard N/A<br>**Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")** | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 13. Personal property of a detainee transferring to another facility:<br>• Is inventoried.<br>• Is inspected.<br>• Accompanies the detainee. | N/A | |
| 14. Except in emergency situations, a single transportation staff member may not transport a single detainee of the opposite gender. Minors shall be separated from unrelated adults at all times during transport and seated in an area of the vehicle near officers and under their close supervision. | N/A | |

| STANDARD 1.3. TRANSPORTATION (BY LAND) – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>Except for local medical appointments or medical emergency trips; all ICE detainee transportation is handled by ICE. | |
| **Overall Rating:** N/A | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 04/28/2016 |
| **Reviewer Signature (for printed form submission):** | |



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# *Section II: SECURITY*

**Admission and Release**
**Custody Classification System**
**Contraband**
**Facility Security and Control**
**Funds and Personal Property**
**Hold Rooms in Detention Facilities**
**Key and Lock Control**
**Population Counts**
**Post Orders**
**Searches of Detainees**
**Sexual Abuse and Assault Prevention and Intervention**
**Special Management Units**
**Staff-Detainee Communication**
**Tool Control**
**Use of Force and Restraints**


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2018-ICLI-00023 6296

| STANDARD 2.1. ADMISSION AND RELEASE (Key: D) | | |
|---|---|---|
| This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The facility has implemented written policies and procedures for the intake and reception of newly arrived detainees and provided them with information about facility policies, rules and procedures. | Meets Standard | Newly arrived detainees are given copies of the ICE National Detainee Handbook and a local supplement. Information regarding policies, rules and procedures is also provided verbally. The facility provides an orientation video that also covers the topics addressed in the handbooks and includes the "Know Your Rights" video. |
| 2. At intake, detainees are searched, and their personal property and valuables checked for contraband, inventoried, receipted, and stored. | Meets Standard | Detainees are pat searched upon arrival. Property is searched and inventoried and placed in storage. Detainees receive receipts for property and funds. |
| 3. Each detainee's identification documents are secured in the detainee's A-file. | Meets Standard | |
| 4. A medical screening will be conducted to protect the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items. | Meets Standard | Medical screenings are performed by medical staff. Screenings are conducted to protect the health of the detainees and others in the facility. Prior to the detainee being placed in the general population, the detainee is given the opportunity to shower and is issued clean clothing, bedding, towels and personal hygiene items. |
| 5. The facility shall comply with applicable federal laws to provide reasonable accommodations for detainees with disabilities and special needs. | Meets Standard | The facility is equipped per the Americans with Disabilities Act. Reasonable accommodations are provided as appropriate. |
| 6. Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband. | Meets Standard | Facility and ICE personnel do not routinely require any detainee to submit to a strip search. Reasonable suspicion and OIC approval is required for any strip search. |
| 7. Staff shall issue those clothing and bedding items that are appropriate for the facility environment and local weather conditions. | Meets Standard | |



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2018-ICLI-00023 6297

| STANDARD 2.1. ADMISSION AND RELEASE (Key: D) | | |
|---|---|---|
| This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. Staff shall use the documentation accompanying each new arrival for identification and classification purposes. If the classification staff is not ICE/ERO employees ICE/ERO shall provide the information needed for classification. Under no circumstances may non-ICE/ERO personnel have access to the detainees A-File. | Meets Standard | ICE provides criminal histories and other information to the facility staff for classification purposes. A-files are not accessible by non-ICE personnel. |
| 9. An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee. | Meets Standard | |
| 10. PRIORITY: Facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Following the orientation, staff shall conduct a question-and-answer session. | Meets Standard | During the admissions process, a classification officer provides detainees with an orientation to the facility. The orientation includes a review of policies, procedures and the detainee handbook. The orientation is provided in English and Spanish. Translation assistance is provided to a detainee who cannot understand either English or Spanish. While awaiting classification, detainees view the orientation video which is provided in English and Spanish. |
| 11. The facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility. The handbook and supplement shall be in English and Spanish. | Meets Standard | Detainees are issued the National Detainee Handbook and the local handbook, which fully describes all policies, procedures and rules in effect at the facility. The handbooks are available in English and Spanish. |
| 12. All releases are coordinated with ICE. | Meets Standard | ICE provides Form I-203 for all releases. |
| 13. Staff complete paperwork/forms for release as required. | Meets Standard | |
| 14. The facility returns each detainee's property upon release, and each detainee receives a receipt for personal property secured by the facility. | Meets Standard | |
| 15. PRIORITY: The facility has a system to maintain accurate records and documentation for admission, orientation, and release. | Meets Standard | The detention files accurately document the admission, orientation and release processes. |



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2018-ICLI-00023 6298

| STANDARD 2.1. ADMISSION AND RELEASE (Key: D) | | |
|---|---|---|
| This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 16. PRIORITY: The time, point and manner of release from a facility shall be consistent with safety considerations and shall take into account special vulnerabilities.<br>Facilities that are not within a reasonable walking distance of, or that are more than one mile from, public transportation shall transport detainees to local bus/train/subway stations prior to the time the last bus/train leaves such stations for the day. If public transportation is within walking distance of the detention facility, detainees shall be provided with an information sheet that gives directions to and describes the types of transportation services available. | Meets Standard | All of the elements of this component are documented in policy and confirmed by observed practice. Detainees are provided transportation to a bus station or the Alexandria airport if they are not being picked up at the facility. |
| 17. Facilities must provide transportation for any detainee who is not reasonably able to walk to public transportation due to age, disability, illness, mental health or other vulnerability, or as a result of weather or other environmental conditions at the time of release that may endanger the health or safety of the detainee. | Meets Standard | Public transportation is not within walking distance of the facility. Any detainee without transportation will be taken to the bus station or the airport. |
| 18. Prior to release, the detainee shall be notified of the upcoming release and provided an opportunity to make a free phone call to facilitate release arrangements. | Meets Standard | The local handbook states that detainees may make a free phone call to facilitate release arrangements. |
| 19. Detainees will be provided with a list of legal, medical, and social services that are available in the release community, and a list of shelter services available in the immediate area along with directions to each shelter. | Meets Standard | Detainees are provided the information listed in this component as part of the release process. |
| 20. Detainees will be released with one set of non-institutionalized, weather-appropriate clothing. | Meets Standard | |

**STANDARD 2.1. ADMISSION AND RELEASE – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Detainees are admitted and released in a manner that ensures the security of the facility and the safety of staff and detainees. Approval from the OIC must be obtained and documented prior to conducting a strip search. The search would take place in an area that affords a reasonable degree of privacy. Before strip searching a detainee an officer must first attempt to resolve his/her suspicions through less intrusive means. Medical personnel must be present to observe the strip search of a transgender detainee.

Staff members are provided with adequate training on the intake process. Detainees are provided at least one free telephone call during the admission process. Detainees are permitted to change clothing in a private area. Detainees may shower in the intake unit and a staff member of the same gender remains in the immediate area.

During the evaluation of this standard, policy was reviewed, staff members were interviewed, admission and release documents were examined and community resource handouts were inspected. This inspector observed the admission and release processes.

| STANDARD 2.1. ADMISSION AND RELEASE – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.2. CUSTODY CLASSIFICATION SYSTEM (Key: E) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees based on verifiable and documented data. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Each facility shall develop and implement a system for classifying detainees in accordance with This detention standard. Facilities may rely on the ICE Custody Classification Worksheet, adopt the ICE custody classification recommendation generated by an ICE Field Office when one is provided, or use a similar locally established classification system (subject to ICE/ERO approval), as long as the classification criteria are objective and uniformly applied, and all procedures meet ICE/ERO requirements. | Meets Standard | ICE personnel classify detainees prior to arrival using the ICE Risk Classification Assessment tool. That classification system addresses all of the elements listed in this component. An additional review of the classification rating is completed during the first twelve hours of admission by a facility classification officer using the ICE Custody Classification Worksheet. |
| 2. Staff shall reference facts and other objective, credible evidence documented in the detainee's A-file, ICE automated records systems, criminal history checks, work-folders, or other objective sources of information during the classification process.<br>The classification process includes reassessment/ reclassification. | Meets Standard | |
| 3. *(SPCs/CDFs/DIGSAs) The custody classification recommendation generated by an ICE Field Office, when one is provided, or the point total from the ICE Custody Classification Worksheet, will determine the classification level of each detainee.* | Meets Standard | The custody classification level of each detainee is determined by the point total derived from the ICE Risk Classification Assessment (RCA) completed by ICE prior to arrival. A facility classification officer then completes an ICE Custody Classification Worksheet on each detainee upon admittance. |
| 4. The facility classification system includes: Classifying detainees upon arrival.<br>• Separating individuals who cannot be classified upon arrival from the general population.<br>• The first-line supervisor or classification supervisor reviews every classification decision. | Meets Standard | |
| 5. Special consideration shall be given to any factor that would raise the risk of vulnerability, victimization or assault. Detainees who may be at risk of victimization or assault include, but are not limited to, persons who are transgendered, elderly, pregnant, physically disabled, suffering from a serious medical or mental illness, and victims of torture, trafficking, abuse, or other crimes of violence. | Meets Standard | Screenings occur during the admission process that identifies detainees who may be at risk. Appropriate measures are taken as necessary. |



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2018-ICLI-00023 6301

| STANDARD 2.2. CUSTODY CLASSIFICATION SYSTEM (Key: E) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees based on verifiable and documented data. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 6. At facilities where applicable, detainees are assigned color-coded uniforms, wristbands, or other means of custody identification to reflect classification levels. In IGSA's a similar system is utilized for each level of classification. | Meets Standard | ICE detainees are assigned color-coded uniforms and identification cards that correspond with the detainee's classification level. |
| 7. PRIORITY: Housing assignments are based on classification-level. Low custody detainees may not be commingled with high custody. | Meets Standard | Housing assignments are based on classification levels. Low custody detainees are not commingled with high custody detainees. |
| 8. PRIORITY: Low custody detainees may not have convictions that included an act of physical violence, or any history of assaultive behavior, and may not be housed with any medium custody detainee with a history of assaultive or combative behavior. | Meets Standard | Policy dictates that detainees who have convictions that include an act of physical violence or any history of assaultive behavior may not be classified as low custody. Furthermore, policy prohibits low custody detainees from being housed with any medium custody detainee with a history of assaultive or combative behavior. |
| 9. Detainee work assignments are based upon classification designations. | Meets Standard | |
| 10. The classification process includes reassessment/ reclassification. The first reassessment is to be completed 60 days to 90 days after the initial assessment. | Meets Standard | The first classification reassessment/reclassification is completed 60 to 90 days after the initial assessment. |
| 11. Subsequent classification reassessments are completed at 90 day to 120 day intervals. Special reassessments are completed within 24 hours before a detainee leaves the Special Management Unit, and at any other time when additional, relevant information becomes known. | Meets Standard | |
| 12. The facility classification system shall include procedures for detainees to appeal their classification levels. Classification decisions, along with information on the appeal process, should be provided to the detainee in a language or manner understood by the detainee. | Meets Standard | Detainees may appeal their classification designation via the grievance process. Responses are provided in a language understood by the detainee. |
| 13. The Detainee Handbook explains the classification levels, with the conditions and restrictions applicable to each, and the procedures by which a detainee may appeal his or her classification. | Meets Standard | The classification and appeals process is explained in the facility handbook. |

| STANDARD 2.2. CLASSIFICATION SYSTEM – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>Detainees are classified in accordance with the standard. A facility staff member responds to a detainee request for reclassification within 72 hours. The classification staff gives relevant considerations to institutional disciplinary history, documented violent episodes and incidents, medical information, and a history of victimization while in detention in determining classification. The completed classification paperwork is filed in both the A-file and the detention file. Detainees are offered recreational and other activities according to their classification. Detainees have an initial assessment to include health screening within twelve hours of arrival at the facility.<br><br>Medium custody detainees do not have a behavior pattern or history of violent assaults whether convicted or not. Medium custody detainees have not been convicted of assault on a correctional officer while in custody nor have a previous institutional record suggesting a pattern of assaults while in custody. High custody detainees are considered a high-risk category and are housed in maximum security housing. They are always monitored and escorted. Reclassification of a detainee to high custody based on documented behavior, including threats to the facility, other detainees or personnel is approved by the classification officer within 72 hours. ICE is notified when a reclassification that includes a reduction in custody level occurs.<br><br>To evaluate the standard the inspector reviewed policy and local handbook sections detailing the classification process, and interviewed the classification officer. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.3. CONTRABAND (Key: F) | | |
|---|---|---|
| This detention standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: The facility follows a written procedure for handling contraband, including the detection, seizure of contraband, disputed ownership, detainee or government property defined as contraband, and the preservation, inventory, and storage of contraband as evidence of a crime. | Meets Standard | Policy addresses all of the items listed in this component. |
| 2. Contraband is retained as evidence for potential disciplinary action or criminal prosecution. | Meets Standard | |
| 3. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority. | Meets Standard | The facility chaplain is contacted prior to confiscating a religious item. |
| 4. Facilities with (b)(7)(E) for contraband detection and not in the presence of ICE detainees. | N/A | The facility does not have a (b)(7)(E) nd does not borrow (b)(7)(E) from other agencies. |
| 5. Detainees receive notification of contraband rules and procedures in the Detainee Handbook. | Meets Standard | |

**STANDARD 2.3. CONTRABAND – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

There are procedures in place for identifying, detecting, controlling and properly disposing of contraband. In evaluating this standard, processing officers and the chief of security were interviewed, and policy and contraband logs were reviewed. Policy states that narcotics and other controlled substances not dispensed or approved by the medical department constitute hard contraband. Hard contraband is secured in the evidence safe in the Control Center and the chain of evidence is documented in a log. The local handbook provides the detainees with the contraband policy. Medication dispensed or approved by the medical department is classified as hard contraband if found in the possession of a detainee for whom it was not prescribed, or if not used as prescribed. Employees must consult with the pharmacist or other medical staff when uncertain about whether prescribed medication represents contraband. Medication that a detainee brings into the facility, upon arrival, is required to be forwarded to the medical department for disposition.

The chief of security determines whether contraband items will be destroyed, and upon determination, sends a memorandum through official channels, describing what is to be destroyed and why. The chief of security directs the disposal of excess property in accordance with policy, after providing the detainee with written notice of the intent to destroy the property and how to prevent that outcome if the detainee wishes to ship it. Procedures are in policy to provide detainees with ample opportunity to obtain proof of ownership or appeal the decision.

In disciplinary contraband cases, the OIC defers the decision about property destruction until the disciplinary case is resolved and appeals are satisfied. At least two employees are required to document in writing that they witnessed the destruction of detainee contraband property. A copy of the property disposal record is placed in the detention file and remains on file for at least two years. Two items of hard contraband were confiscated from detainees during this inspection period. One was possession of drugs not prescribed to the detainee and the second was a "homemade" weapon. A review of the investigative reports concerning these incidents showed that proper procedures were followed.

**Overall Rating:** Meets Standard

| STANDARD 2.3. CONTRABAND – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Reviewer Name (Printed)** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.4. FACILITY SECURITY AND CONTROL (Key: G) | | |
|---|---|---|
| This detention standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and events which pose risk of harm are prevented. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. At least one male and one female staff member are on duty at all times where both males and females are housed. | Meets Standard | This facility does not house any female detainees. However, when a female staff member is assigned to a housing unit, a male staff member is also on duty in that unit. |
| 2. Comprehensive annual staffing analysis determines staffing needs and plans and is reviewed and updated annually. | Meets Standard | |
| 3. Essential posts and positions are filled with qualified personnel. | Meets Standard | Personnel are only assigned to essential posts and positions after they have successfully completed one hundred and twenty hours of pre-service training and forty hours of on-the-job training. They are also required to complete fifty-six hours of annual training each year. |
| 4. *(SPCs/CDFs/DIGSAs) Detainees do not have access to the Control Center.* | Meets Standard | At this DIGSA, policy prohibits detainee access to the control center. |
| 5. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center. | Meets Standard | The control center is staffed continuously seven days a week and was observed to be well-equipped and capable of monitoring the security and safety of the facility. |
| 6. *(SPCs/CDFs/DIGSAs) The facility administrator shall establish procedures to implement the following Control Center requirements:*<br>*Round-the clock communications;*<br>*Maintenance of a list of the current home and cellphone number of every staff member assigned to the facility, including administrative/support services staff, Situation Response Teams (SRTs), Hostage Negotiation Teams (HNTs), and applicable law enforcement agencies.*<br>*Watch calls (officer safety checks) to the Control Center by all staff ordinarily shall occur every half-hour between 6:00 P.M. and 6:00 A.M. Individual facility policy may designate another post to conduct watch calls. Any exception for staff to not make watch calls as described requires approval of the facility administrator.* | Meets Standard | At this DIGSA, the control center is staffed twenty-four hours a day and maintains a list that includes the current home and cell phone number of every officer, administrative/support services person, emergency responders and local law enforcement agencies. Policy states that watch calls are conducted every half hour between the hours of 6:00 p.m. and 6:00 a.m. Any exception would have to be authorized by the OIC. |



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| STANDARD 2.4. FACILITY SECURITY AND CONTROL (Key: G) | | |
|---|---|---|
| This detention standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and events which pose risk of harm are prevented. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. The front-entrance officer checks the identification of everyone entering or exiting the facility. | Meets Standard | The front entrance officer checks the identification of everyone entering or exiting the facility. |
| 8. All visits are officially recorded in a visitor logbook. | Meets Standard | All visits are recorded in the visitor log book. The log was reviewed and found to be current and maintained in accordance with policy. |
| 9. The facility has a secure visitor pass system. | Meets Standard | |
| 10. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports. | Meets Standard | |
| 11. *(SPCs/CDFs/DIGSAs) Housing unit Post Orders in SPCs and CDFs shall follow the event schedule format, for example, "0515 Lights on" and shall direct the assigned officer to maintain a unit log of pertinent information regarding detainee activity. The shift supervisor shall visit each housing area and initial the log on each shift at least once per tour.* | Meets Standard | At this DIGSA, housing unit post orders require that an event schedule be followed as described in this component. A housing unit log is maintained by housing unit officers to record detainee activity and is reviewed and initialed by the shift commander at least once per shift. |
| 12. Security officer posts shall be located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. | Meets Standard | Housing unit officers are located in each of the housing units. |
| 13. Detainee movement from one area to another area is controlled by staff. | Meets Standard | |
| 14. PRIORITY: No detainee may ever be given authority over, or be permitted to exert control over, any other detainee. | Meets Standard | Policy prohibits detainees from having authority over or being permitted to exert control over any other detainee. This policy was confirmed during an interview with the chief of security. |
| 15. The facility administrator, designated assistant facility administrator, security supervisors, and others designated by the facility administrator shall be required to visit all housing units at least weekly to observe living conditions and interact informally with detainees. | Meets Standard | Log books reviewed indicated supervisors and management personnel visit housing units at least weekly to observe living conditions and interact informally with detainees. |
| 16. The facility has a comprehensive security inspection policy. | Meets Standard | |
| 17. Documentation of security inspections is kept on file. | Meets Standard | Security inspection documentation is maintained by the chief of security. |



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| STANDARD 2.4. FACILITY SECURITY AND CONTROL (Key: G) | | |
|---|---|---|
| This detention standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and events which pose risk of harm are prevented. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 18. Daily procedures include:<br>• Perimeter alarm system tests.<br>• Physical checks of the perimeter fence.<br>• Documenting the results. | Meets Standard | |

| STANDARD 2.4. FACILITY SECURITY AND CONTROL – Reviewer Summary | |
|---|---|
| *(Use following format for dates: mm/dd/yyyy)* | |
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>The facility has inspection and search policy and procedures in place to protect the community, employees, contractors, volunteers and detainees from harm by ensuring good security is maintained. In evaluating this standard, the chief of security and officers were interviewed, policy and inspection logs were reviewed, and the control center and housing unit control centers and operations were observed. Documentation of all inspections is required. Any security issues are reported through the chain-of-command to the chief of security.<br><br>The vehicle sally port officer checks the driver's license of the driver and identification of all persons in vehicles arriving at and leaving the facility. All vehicles entering and leaving the facility are searched. The officer maintains a log noting the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, vehicle contents, date, time in, time out, and facility employee responsible for the vehicle on-site. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printe** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

## STANDARD 2.5. FUNDS AND PERSONAL PROPERTY (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

**Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. All detention facilities are required to have written policies and procedures to:<br>• Account for and safeguard detainee property from time of admission until date of release;<br>• Inventory and receipt detainee funds and valuables;<br>• Inventory and receipt detainee baggage and personal property (other than funds and valuables);<br>• Inventory and audit detainee funds, valuables and personal property;<br>• Return funds, valuables and personal property to detainees being transferred or release; and<br>• Provide a way for a detainee to report missing or damaged property. | Meets Standard | Written policies and procedures are in place for all listed requirements of this component. |
| 2. All facilities, at a minimum shall provide:<br>• A secured locker for holding large valuables, that can be accessed only by designated supervisor(s); and<br>• A baggage and property storage area that is secured when not attended by assigned admissions processing staff. | Meets Standard | A secured space is provided for large valuables. Access to valuables is restricted to authorized supervisors and command staff. Baggage and personal property is secured in a storage area that is secured at all times. |
| 3. The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property. | Meets Standard | |
| 4. At admission, staff search and inventory detainee property only in the presence of the detainee, unless instructed otherwise by the facility administrator. | Meets Standard | |
| 5. The facility administrator shall establish whether and, how much cash each detainee may have in personal possession while in detention. | Meets Standard | Detainees are not allowed to have cash in their personal possession. |
| 6. Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/ERO official to be a true and correct copy. | Meets Standard | Identity documents are held in each detainee's A-file. ICE personnel provide detainees with copies that are certified to be true and correct upon request. |

## STANDARD 2.5. FUNDS AND PERSONAL PROPERTY (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

**Standard N/A**

**Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 7. Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall correspond to the number of detainees assigned to that housing area. | Meets Standard | Upon admission, the facility offers each detainee a combination lock. Detainees may decline the lock and must sign a form if they refuse. There are a sufficient number of lockers to provide secure storage for each detainee assigned to the area. |
| 8. *(SPCs/CDFs/DIGSAs) Property discrepancies are immediately reported to the Chief of Security or equivalent.* | Meets Standard | Property discrepancies are immediately reported to the shift supervisor and chief of security. |
| 9. PRIORITY: Procedure ensures that:<br>• Detainee funds and small and large valuables are placed in a secure location;<br>• Medical staff determine the disposition of all medicine accompanying an arriving detainee;<br>• Detainees are able to keep a reasonable amount of personal property in their possession, provided it poses no threat to detainee safety or facility security; and<br>• Facilities return funds and valuables to detainees being transferred or released. | Meets Standard | Detainee funds and valuables are securely stored and a review of procedures indicated that detainee property is properly inventoried and receipts are generated. Policy requires that medical personnel determine the disposition of all medicine confiscated during admissions. Detainees are able to keep a reasonable amount of personal property in their possession, provided that it does not pose a threat to facility security. Procedures are in place to return funds and valuables to detainees upon release. |
| 10. For recordkeeping and accounting purposes, use of the G-589 Property Receipt form is mandatory to inventory any funds removed from a detainee's possession, and a separate form G-589 is required for each kind of currency and negotiable instrument. | Meets Standard | An electronic G-589 equivalent property receipt form is used for recordkeeping and accounting purposes when funds are removed from a detainee's possession. This form substitution is permitted by language in the standard. Separate listings on the G-589 equivalent forms are used for each type of currency, check or other negotiable instrument. |

## STANDARD 2.5. FUNDS AND PERSONAL PROPERTY (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

**Standard N/A**

**Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 11. *(SPCs/CDFs/DIGSAs) The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log. The supervisor shall:*<br>• *Verify the correctness of all G-589s or equivalents;*<br>• *Record the amount of cash and describe each item in the supervisors' property log; and*<br>• *Verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area.* | Meets Standard | At the end of each shift, accounting personnel remove the contents of the drop safe and verify the G-589 equivalent forms and the contents of the sealed envelopes. Accounting personnel sign the Intake Batch Pick-up Log (G-589 equivalent log), to verify that the cash envelopes have been picked up by that specific employee. A property log is maintained by intake staff. The shift supervisor verifies the proper disposition of the large property as well as the valuable property envelopes. |
| 12. *(SPCs/CDFs/DIGSAs) The Facility Administrator has established quarterly audits of baggage and non-valuable property.* | Meets Standard | Audits of baggage and non-valuable property are conducted monthly. |
| 13. All facilities shall report and turn over to ICE/ERO all detainee abandoned property. | Meets Standard | |
| 14. PRIORITY: Facilities have and follow procedures for reporting and investigating incidents of detainee property loss or damage, and for reimbursing detainees for all validated property losses caused by facility negligence. The senior contract officer immediately notifies the designated ICE/ERO officer of all claims and outcomes. | Meets Standard | Policy dictates the procedures for reporting and investigating incidents of detainee property loss. This facility has on-site ICE personnel whom are notified in the event of a property loss. |

### STANDARD 2.5. FUNDS AND PERSONAL PROPERTY – Reviewer Summary

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Interviews with staff, observation of the intake area and a review of policy verified that the facility has policy and procedures in place to ensure that detainee funds, valuables and property are properly safeguarded and that contraband does not enter the facility. The handbook informs detainees of policies and procedures concerning funds and personal property. A commissary is available for detainees to purchase an assortment of items. Each detainee is permitted to keep, in his possession, reasonable quantities of personal property if the particular items do not pose a threat to the security or good order of the facility. To prevent overcrowding and related storage problems, the facility permits detainees to send extra property to a third party of his choosing. If property is shipped during the detainee's stay, staff inventory and maintain a record of the detainee's property being shipped from the facility, with a copy of the record being placed in the detainee's detention file. A review of the handling of funds from surrender to issue was conducted. Detainee funds were properly inventoried and documented.

| STANDARD 2.5. FUNDS AND PERSONAL PROPERTY – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 04/28/2016 |
| **Reviewer Signature (for printed form submission):** | |



FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES (Key: I) | | |
|---|---|---|
| This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. *(SPCs/CDFs/DIGSAs constructed after 1999) Each Hold Room shall contain sufficient seating for the maximum room-capacity but shall contain no moveable furniture.* | Meets Standard | At this DIGSA, the intake area where the hold rooms are located was constructed after 1999. The hold rooms are equipped with sufficient seating to accommodate the maximum room capacity. No moveable furniture was observed in the hold rooms and the capacities were posted for each hold room. |
| 2. *(SPCs/CDFs/DIGSAs constructed after 1999) Each Hold Room shall be equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels, in compliance with the Americans with Disabilities Act of 1990.* | Meets Standard | At this DIGSA, each hold room is equipped with a stainless steel combination lavatory/toilet fixture with modesty panels, in accordance with the Americans with Disabilities Act of 1990. |
| 3. Each hold room shall be well-ventilated and well-lit. Detainees shall have access to potable water in hold rooms. | Meets Standard | |
| 4. PRIORITY: Detainees are not held in hold rooms for more than 12 hours. | Meets Standard | Policy states that detainees will not be held in hold rooms for more than twelve hours. This was confirmed by a review of the hold room log and an interview with the intake sergeant. |
| 5. Male and females detainees are segregated from each other at all times. | Meets Standard | This facility does not house any female detainees. Therefore, male and female detainees are segregated from each other at all times. |
| 6. Unaccompanied minors (under 18) and parent(s) or legal guardians accompanied by minor children shall not be placed in Hold Rooms, unless they have shown or threatened violent behavior, have a history of criminal activity, or have given staff reasonable grounds to expect an escape attempt. | Meets Standard | This facility does not house any minors under the age of eighteen. Therefore, they are never placed in hold rooms. |
| 7. Persons exempt from placement in a Hold Room due to obvious illness, special medical, physical and or psychological needs, or other documented reasons shall be seated in an appropriate area designated by the facility administrator outside the Hold Room, or in separate rooms, under direct supervision and control, barring an emergency. | Meets Standard | |


FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES (Key: I) | | |
|---|---|---|
| This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. To the extent practicable in a hold room situation, detainees with known or readily apparent disabilities, including temporary disabilities, shall be housed in manner that accommodates their mental and/or physical condition(s) and provides for their safety, comfort and security. | Meets Standard | |
| 9. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes. | Meets Standard | |
| 10. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis. | Meets Standard | All hold rooms are equipped with toilet facilities, giving detainees access to the toilets on a regular basis. |
| 11. All detainees are given a pat down search for weapons or contraband before being placed in the hold room. | Meets Standard | |
| 12. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems. | Meets Standard | All detainees are observed by officers for obvious mental or physical problems prior to being placed in a hold room. Medical staff screen each detainee for mental or physical problems. |
| 13. Each detention facility maintains a detention log for each detainee placed in a hold cell. | Meets Standard | |
| 14. Officers provide a meal to any detainee detained in a hold room for more than six hours. Pregnant women have access to snacks, milk or juice. | Meets Standard | Meals are provided to any detainee held in a hold room for more than six hours or if it is reported that they have spent a considerable amount of time being transported to this facility without a meal. Female detainees are not housed at this facility. |
| 15. Staff shall ensure that sanitation, temperatures and humidity in Hold Rooms are maintained at acceptable and comfortable levels. Pregnant women and others with evident medical needs will have temporary access to temperature appropriate clothing and blankets. | Meets Standard | Hold rooms were observed to be clean and the temperatures and humidity were at comfortable levels. Female detainees are not held at this facility. Detainees with evident medical needs are provided with temperature appropriate clothing and blankets. |



~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

| STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES (Key: I) | | |
|---|---|---|
| This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 16. PRIORITY: Officers closely supervise hold rooms through direct supervision, to ensure:<br>• Continuous auditory monitoring,<br>• Visual monitoring at irregular intervals at least every 15 minutes,<br>• Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. | Meets Standard | Hold rooms are closely supervised by officers through continuous auditory monitoring, visual checks at irregular intervals at least every fifteen minutes, and constant surveillance of any detainees exhibiting signs of hostility, depression or similar behavior. |
| 17. The maximum occupancy for the hold room will be posted. | Meets Standard | |
| 18. When the last detainee has been removed, officers shall ensure the Hold Room is thoroughly cleaned and inspected. | Meets Standard | |
| 19. *(SPCs/CDFs/DIGSAs) Evacuation procedures shall include posting the evacuation map and advance designation of the officer responsible for removing detainees from the Hold Room(s) in case of fire and/or building evacuation.* | Meets Standard | This is a DIGSA. Evacuation maps were observed posted throughout the facility during this inspection. Processing officers are responsible for ensuring the removal of detainees from the hold rooms in case of fire and/or building evacuation. |

**STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Policies and procedures are in place to ensure the safety, security and comfort of detainees while being temporarily held in hold rooms during intake and transfer from the facility. In evaluating this standard, the intake sergeant and officer were interviewed; policy and logs were reviewed, and hold rooms were inspected. Policy states detainees are to be processed and removed from hold rooms within twelve hours.

Intake officers reported that detainees awaiting a medical visit are seen within one hour. Officers inspect parcels, suitcases, bags, bundles, boxes and other property before accepting any item of property. No officer enters a hold room unless another officer is stationed outside the door, ready to respond as needed. Officers are not allowed to carry firearms, pepper spray, a baton or any other non-deadly force devices into a hold room. Detainees are not permitted to use tobacco products at this facility. If a detainee is removed from a hold room for medical treatment, an officer accompanies that detainee to the medical area. There are always two officers posted in the medical unit that provide custody supervision of the detainees. Two custody officers escort detainees to the transportation area, if medical personnel determine the condition requires the attention of an outside medical provider. The detainee is transported and is under constant and direct supervision when taken to an outside medical provider.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):** (b)(6),(b)(7)(C) [redacted] **Completion Date:** 4/28/2016

**Reviewer Signature (for printed form submission):**

| STANDARD 2.7. KEY AND LOCK CONTROL (Key: J) | | |
|---|---|---|
| This detention standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. All staff shall be trained and held responsible for adhering to proper procedures for the care and handling of keys, including electronic key pads where they are used. Initial training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in subsequent annual training. | Meets Standard | Personnel receive mandatory key control training as required by this component in pre-service and annual training. |
| 2. Each facility administrator shall establish the position of Security Officer, or at a minimum, assign a staff member the collateral security officer. The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command. | Meets Standard | A sergeant has been designated by the OIC as the key control officer. This position has a written position description that includes duties, responsibilities and the chain of command. |
| 3. *(SPCs/CDFs) The Security Officer is responsible for all administrative duties, including recordkeeping, concerning keys, locks, and related security equipment.* | Meets Standard | This is a DIGSA. The key control officer has all administrative duties and responsibilities relating to keys, locks and related security equipment. |
| 4. The Security Officer shall train and direct employees in key control, including electronic key pads where they are used. | Meets Standard | |
| 5. The facility maintains inventories of all keys, locks and locking devices. | Meets Standard | |
| 6. Facility policies and procedures address the issue of compromised keys, locks, and to ensure safe combination integrity. | Meets Standard | Policy and procedures address the issue of compromised keys, locks and safe combination integrity. |
| 7. Either deadbolts or deadlocks shall be used in detainee-accessible areas. Grand master-keying systems are not authorized. A master-keying system may be used only in housing units where detainees have individual room keys. | Meets Standard | Deadbolts or deadlocks are used in detainee areas. A grand master keying system is prohibited in this facility. Detainees do not have individual room keys. |
| 8. The security key control officer shall implement a preventive maintenance program. The security key control officer shall maintain all preventive maintenance records. | Meets Standard | The key control officer is responsible for implementing a preventative maintenance program and maintaining all associated records. |
| 9. The Security Officer shall implement procedures for identifying every key ring and every key on each key ring, and for preventing keys from being removed from key rings, once issued. | Meets Standard | |
| 10. Emergency keys shall be on hand for every area to or from which entry or exit might be necessary in an emergency. | Meets Standard | |



~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

| STANDARD 2.7. KEY AND LOCK CONTROL (Key: J) | | |
|---|---|---|
| This detention standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 11. The facility has a written policy and implementation procedures to ensure key accountability. Facilities shall use standard system for the issuance and accountability of key rings. | Meets Standard | Policy states that keys are inventoried daily and keys are inventoried and accounted for on the midnight shift. A chit exchange is utilized to ensure key issuance accountability. |
| 12. The facility administrator shall establish rules and procedures for authorizing use of restricted keys. | Meets Standard | |
| 13. Pharmacy keys shall be strictly controlled. | Meets Standard | Pharmacy keys are only issued to pharmacy staff and are strictly controlled. |
| 14. Keys to ICE and EOIR (Executive Office for Immigration Review) office and courtroom areas shall similarly be restricted and controlled. If a key is authorized for emergency withdrawal, a copy of the Restricted Key form is to be provided to ICE. | Meets Standard | |
| 15. Officers shall store all their weapons in individual lockers before entering the facility. The facility administrator shall develop and implement site-specific procedures for controlling gun-locker access. | Meets Standard | The OIC has developed and implemented site-specific procedures for controlling gun-locker access. All weapons are stored in individual gun lockers. Gun lockers are located in a secure area near the entrance to the facility and at the ICE building both of which are outside the secure perimeter of the facility. Visitors and detainees do not have access to these areas. |

**STANDARD 2.7. KEY AND LOCK CONTROL – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The evaluation of this standard was based on review of policy and procedures, interview with the chief of security and the control center sergeant, inspection of individual key rings and visual observation of key control areas. These reviews confirmed that policies and procedures for the use, accountability and maintenance of keys are in place.

Detainees are prohibited from handling facility keys. Key rings, including those for gun lockers, must be securely fastened to a belt with a metal clip or other approved device. Fastening keys to a holster or belt loop is prohibited. Employees do not refer to key numbers or other means of key identification within earshot of a detainee and do not throw nor slide keys to one another. Employees are trained not to force locks and if a key fails to operate a lock, a supervisor is to be notified immediately. If a key breaks inside a lock, the employee maintains visual oversight of the lock until the problem is repaired. If the key breaks inside a padlock, a maintenance employee removes the padlock for repairs. In every instance, the employee is required to submit a memorandum on the incident through the chain-of-command to the OIC. Key covers are not used for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them. Policy requires the written authorization of the OIC prior to a key or key ring being issued on a 24-hour basis.

| STANDARD 2.7. KEY AND LOCK CONTROL – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| The key control officer has not completed an approved locksmith training program but is scheduled to attend the next training session being conducted by Brinks. However, the maintenance supervisor has attended an approved locksmith training program and is trained in the Occupational Safety and Health Administration standards and the National Fire Prevention Association (NFPA) life safety codes. Entrance/exit door locks of housing units, work areas, chapels, gyms and other areas with a room capacity of 50 or more people meet the standards specified in the Occupational Safety and Environmental Health Manual and in the NFPA Life Safety Code.<br><br>Individual doors to areas with a room capacity of 50 or more people do not have more than one lock each. Padlocks are not used in any housing units, on exit doors or intermediate doors along the exit route and none were observed. Key-change requests must be submitted, in writing, to the OIC. With prior OIC approval, only the key control officer may add or remove a key from a ring. The splitting of key rings into separate rings is prohibited. The key control system is efficient, accountable and well maintained. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |



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| STANDARD 2.8. POPULATION COUNTS (Key: K) | | |
|---|---|---|
| This detention standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and accountability for detainees. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count. | Meets Standard | Official counts are conducted at 1:00 a.m., 3:00 a.m., 4:00 a.m., 8:00 a.m., 3:00 p.m., 7:30 p.m. and 11:00 p.m. A face-to-photo count is conducted during the 7:30 p.m. count. |
| 2. Each officer shall make irregular but frequent checks to verify the presence of all detainees in his or her charge. | Meets Standard | |
| 3. The facility Control Center shall maintain a master count. | Meets Standard | The master count is maintained in the captain's podium which is located adjacent to the control center. |
| 4. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility. | Meets Standard | An "out count" record of detainees temporarily out of the facility is maintained in the intake area and this "out count" is communicated to the captain. |
| 5. An emergency count shall be conducted when there is reason to believe a detainee is missing, or after a major disturbance has occurred. | Meets Standard | Policy requires that an emergency count is conducted when there is reason to believe a detainee is missing, or after a major disturbance. |

**STANDARD 2.8. POPULATION COUNTS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Formal counts are conducted to ensure accountability for all detainees, to protect the community and to enhance facility security, safety and good order. In evaluating this standard, the count policy was reviewed and the 3:00 p.m. count was observed during this inspection. Count was conducted as prescribed by policy. During counts, officers make positive identification of living, breathing flesh and not just a human shape before counting a detainee present. If the accuracy of a count is in doubt, officers conduct a re-count. Officers never rely on a roll call in performing the count. Unaccompanied officers do not perform a count in an open area such as a housing unit or in food service. One officer conducts the count while a second officer observes. Once the first count is completed, the officers switch positions and count again. Officers performing the count have primary responsibility for the count accuracy. Officers remain in the count area until the count clears.

Detainees do not participate in the count nor the preparation or documentation of the count process. No detainee movement is allowed during the count process. All detainee units/areas are counted simultaneously with all detainees being counted at a specific location. Movement does not resume until the count is verified and cleared. Counting officers report their count and then deliver a signed count slip to the captain's podium. The control center officer records the count in the control center log. If a re-count fails to clear, the shift commander orders a face-to-photo count. Emergency counts are conducted in the same manner as formal counts and all detainees are returned to their housing units during such counts.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)** (b)(6);(b)(7)(C) **Completion Date:** 4/28/2016

| STANDARD 2.8. POPULATION COUNTS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* |
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| **Reviewer Signature (for printed form submission):** |

| STANDARD 2.9. POST ORDERS (Key: L) | | |
|---|---|---|
| This detention standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The facility administrator shall ensure that:<br>• There are written Post Orders for each security post,<br>• Copies are available to all employees,<br>• Written facility policy and procedures:<br>○ Provide official on-duty time for officers to read the applicable Post Orders when assigned to a post, and<br>○ Ensure that officers read those applicable Post Orders prior to assuming their posts. | Meets Standard | The OIC has ensured that there are written post orders and written policies and procedures for each security post. Copies are available to all officers. Official on-duty time has been allotted for officers to read applicable post orders prior to assuming their assigned post and shift commanders ensure that officers read the applicable post orders prior to assuming their posts. |
| 2. Supervisors shall ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency. | Meets Standard | |
| 3. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty. | Meets Standard | Officers must have qualified with the weapons assigned to an armed post prior to assuming that post. |
| 4. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:<br>Any staff member who is taken hostage is considered to be under duress, and<br>Any order issued by such a person, regardless of his or her position of authority, is to be disregarded. | Meets Standard | Post orders for armed posts and posts that control access to the institution perimeter clearly state that any staff member taken hostage has no authority and any order issued by such a person, regardless of position of authority, is to be disregarded. |
| 5. Specific instructions for escape attempts shall be included in the Post Orders for armed posts. | Meets Standard | |
| 6. Post Orders shall be kept current at all times and formally reviewed at least annually and updated as needed. | Meets Standard | |
| 7. Post Orders and logbooks are confidential and must be kept secure at all times and never left in an area accessible to detainees. | Meets Standard | |
| 8. The facility administrator authorizes all Post Orders and changes. | Meets Standard | The OIC authorizes all post orders and post order changes. |

| STANDARD 2.9. POST ORDERS – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |



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2018-ICLI-00023 6321

| STANDARD 2.9. POST ORDERS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>In evaluating this standard, the chief of security, a unit manager and housing unit officers were interviewed and post orders were reviewed. Post orders are available for review by employees in the supervisor's office area. The chief of security maintains the post order master file which is available to all officers and post orders maintained at the post are secure from detainee access. Post orders were reviewed at multiple locations throughout the facility and were found to be current and to contain the required updates. The post orders contain all of the information and instructions needed to ensure that each officer assigned to a security post knows the procedures, duties and responsibilities of that post. The housing unit post orders follow the daily event schedule format. The circumstances and conditions under which the use of firearms is authorized are included in the post orders for the armed posts. The post orders are based on and consistent with the detention standard on Use of Force and Restraints.<br><br>The chief of security determines whether post orders need updating between regular annual reviews. Interviews of the chief of security and unit manager confirmed that immediately prior to annual reviews, security supervisors solicit written suggestions for changes or additions to post orders from ICE/ERO, contract and other affected staff. Security supervisor review and comment on suggested changes prior to submitting them to the chief of security for review and possible inclusion in the post orders. Once approved the OIC signs and dates the last page of the post order. Emergency changes are made by memorandum and placed in the post orders and these changes are incorporated into the post orders during the next annual review. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |



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| STANDARD 2.10. SEARCHES OF DETAINEES (Key: M) | | |
|---|---|---|
| This detention standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: The facility has written policy and procedures governing searches of detainees and housing or work areas. The policies and procedures include the requirement that staff employ the least intrusive method of body search practicable, based on security concerns involved; and conduct searches without unnecessary force and in ways that preserve the dignity of detainees. | Meets Standard | Policy requires all personnel to employ the least intrusive method of body search practical, based on the security concerns involved. Searches are conducted without unnecessary force and without undue embarrassment to the detainee. |
| 2. All staff who do housing or work area searches or body searches shall receive initial training regarding search procedure prior to entering on duty, and annual training in effective techniques thereafter. | Meets Standard | All security and ICE personnel receive initial and annual training regarding search procedures. |
| 3. The facility shall establish procedures to ensure all housing units and work areas are searched routinely, but irregularly. | Meets Standard | Policy addresses the procedures for conducting searches of housing units and work areas. Searches are conducted routinely but are unannounced and conducted at irregular times. |
| 4. Staff shall maintain written documentation of each housing unit search within the individual housing unit. | Meets Standard | Housing unit searches are documented in the unit log by the housing unit officer. |
| 5. Work areas shall be searched each workday by shop supervisors, and these inspections shall be supplemented with periodic searches by designated search teams. | Meets Standard | Work areas are searched daily and the searches are documented. Additional searches are conducted by security staff and these searches are documented in the shakedown log. |
| 6. Strip searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor. | Meets Standard | |
| 7. PRIORITY: Strip searches are performed by an officer of the same gender as the detainee. | Meets Standard | Strip searches are performed by an officer of the same gender as the detainee. |
| 8. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person. Body cavity searches are performed in an area that affords privacy from other detainees and from facility staff who are not involved in the search. | Meets Standard | Body cavity searches are conducted as stipulated by this component. |

| STANDARD 2.10. SEARCHES OF DETAINEES (Key: M) | | |
|---|---|---|
| This detention standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 9. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures. | Meets Standard | A detainee may be placed in a dry cell when there is reasonable belief that the detainee has ingested contraband or concealed contraband in a body cavity. This can only be authorized by the OIC or his designee. |
| 10. The chief of security shall have post orders for closely observing a detainee in dry cell status. | Meets Standard | |

| STANDARD 2.10. SEARCHES OF DETAINEES – Reviewer Summary | |
|---|---|
| *(Use following format for dates: mm/dd/yyyy)* | |
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>Pat searches of detainees and metal detector screenings are conducted routinely to control contraband. Strip search documentation must note specific and articulable facts used to determine that reasonable suspicion guidelines were met. Officers attempt to resolve any suspicions through less intrusive means, such as thorough examination of reasonably available documentation, a pat search and/or detainee interview, as required by the standard.<br><br>A review of policy; observation of the detainee dry cell; and interviews of command, medical and processing personnel revealed detainees are protected through an established search program that detects, controls and properly disposes of contraband discovered in searches of persons and property. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed)** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Each facility has written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program that includes, at a minimum:<br>• A zero-tolerance policy for all forms of sexual abuse or assault;<br>• Measures taken to prevent sexual abuse or assault, including the designation of specific staff members responsible for staff training and detainee education regarding issues pertaining to sexual assault;<br>• Procedures for immediate reporting of any allegation of sexual abuse or assault through the facility's chain-of-command procedure, and to ICE/ERO, including written documentation requirements;<br>• Procedures for detainees to report allegations;<br>• Measures taken for prompt and effective intervention to address the safety and medical/mental health treatment needs of detainee victims, and to preserve and collect evidence;<br>• Procedures for referral of incidents to appropriate investigative agencies (including law enforcement agencies and OPR), and coordination with such entities;<br>• Disciplinary sanctions for staff, up to and including termination when staff has violated agency sexual abuse policies; and<br>• Data collection and reporting. | Meets Standard | Policy and procedures for sexual abuse and assault prevention and intervention include all of the bulleted items listed in this component. |
| 2. The facility administrator maintains or attempts to enter into memoranda of understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. | Meets Standard | The facility has a memorandum of understanding (MOU) with the Sexual Assault Support Center, Inc. for external victim advocates and support services for resident detainees. |
| 3. PRIORITY: The facility administrator has designated a Sexual Abuse and Assault Prevention and Intervention Program Coordinator for the facility. | Meets Standard | The chief of security serves as the designated Sexual Abuse and Assault Prevention and Intervention (SAAPI) Program Coordinator. The designation is a formal appointment. |

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 4. PRIORITY: Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program is included in initial and annual refresher training for employees, volunteers, and contract personnel, and address all training topics required by the Detention Standard. The facility maintains written documentation verifying employee, volunteer, and contractor training. | Meets Standard | As verified by a review of training records and curricula, SAAPI training is provided to all staff members, volunteers and contract personnel during both orientation training and annual refresher training. |
| 5. PRIORITY: Detainees are informed about the facility's Sexual Abuse and Assault Prevention and Intervention Program and zero-tolerance policy for sexual abuse and assault through the orientation program and the detainee handbook. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands. | Meets Standard | Detainees are informed about the SAAPI program and the zero-tolerance policy regarding sexual abuse and assault through the orientation video, PREA video, national detainee handbook, local handbook, ICE sexual abuse and assault awareness brochure, and postings throughout the facility and housing units. All information is provided in English and Spanish. |
| 6. The Sexual Assault Awareness Notice, along with the names of the program coordinator and local organizations that can assist detainees who have been victims of sexual assault, is posted on all housing unit bulletin boards. The "Sexual Assault Awareness Information" brochure is distributed to detainees. | Meets Standard | The Sexual Assault Awareness Notice, along with the name of the program coordinator is posted in all housing units and throughout the facility. An additional information sheet with the name and contact information for the Sexual Assault Support Center is also posted throughout the facility. The ICE Sexual Assault Awareness Information brochure is distributed during the intake process. All information is provided in English and Spanish. |
| 7. Detainees are provided the option to report any incident of sexual abuse or assault to any staff member, including a designated staff member other than an immediate point-of-contact line officer (e.g. the program coordinator or a mental health specialist). | Meets Standard | Policy provides for detainees to report any incident of sexual abuse or assault to any staff member. |



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2018-ICLI-00023 6326

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. PRIORITY: Detainees are screened upon arrival at the facility for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior.<br>Detainees identified as being at risk for sexual victimization are monitored and counseled, and placed in the least restrictive housing that is available and appropriate. | Meets Standard | A review of ICE detainee medical records indicated detainees are consistently screened during the intake process for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior. Detainees likely to be at risk for sexual victimization are placed in the least restrictive housing available and appropriate. |
| 9. A detainee who is subjected to sexual abuse or assault is not returned to general population until proper re-classification, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault, is completed. | Meets Standard | Per the policy and facility staff, a detainee who is subject to sexual abuse or assault is not returned to general population until proper re-classification is completed. |
| 10. PRIORITY: Any detainee who alleges that he/she has been sexually assaulted is offered immediate protection from the assailant and referred for a medical examination and/or clinical assessment for potential negative symptoms. | Meets Standard | Detainees alleging sexual assault victimization are offered immediate protection from the assailant and are immediately referred for a medical assessment for potential negative symptoms. Victims are transferred to the Southwest Georgia Regional Hospital, for sexual assault examinations and treatment and forensic evidence gathering by a sexual assault nurse examiner (SANE) nurse as appropriate. |



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2018-ICLI-00023 6327

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 11. PRIORITY: Staff members who become aware of an alleged assault immediately follow the reporting requirements set forth in the written policies and procedures.<br>When a detainee(s) is alleged to be the perpetrator, the facility administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation, and reported to the Field Office Director.<br>When an employee, contractor, or volunteer is alleged to be the perpetrator, the facility administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation, and reported to the Field Office Director. The local government entity or contractor that owns or operates the facility is also notified. | Meets Standard | Written policies establish procedures which include the reporting requirements listed in this component. Referrals to law enforcement and notification to the FOD and others are made as required. The Stewart County Sheriff's Department is under an MOU with the facility as the investigative entity for all SAAPI allegations. |
| 12. The facility uses a coordinated, multidisciplinary team approach to responding to sexual abuse, which includes a medical practitioner, a mental health practitioner, a security staff member, and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise. | Meets Standard | Per policy and practice, the facility uses a coordinated, multidisciplinary sexual abuse response team (SART) approach in responding to sexual abuse. Team membership includes a medical practitioner, a mental health professional, security personnel, and an investigator from the assigned investigative agency and representatives from outside entities that provide relevant services. |
| 13. Care is taken to place a victimized detainee in a supportive environment that represents the least restrictive housing option possible (e.g. protective custody), but victims are not held for longer than five days in any type of administrative segregation except in highly unusual circumstances or at the request of the detainee. | Meets Standard | Per policy, a victimized detainee is placed in a supportive environment that represents the least restrictive housing option possible. Victims are not held for longer than five days in any type of administrative segregation except in unusual circumstances or at the detainee's request. |

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 14. PRIORITY: Staff suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation. | Meets Standard | Policy requires that personnel suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation. There were four allegations of sexual abuse, assault or harassment by a staff member during the last twelve months. All allegations were appropriately managed with respect to the requirements of the component. Of those allegations, two were unfounded and two were unsubstantiated. |
| 15. The facility ensures that all investigations into alleged sexual assault are prompt, thorough, objective, fair, and conducted by qualified investigators. Written procedures establish the coordination and sequencing of administrative and criminal investigations to ensure that the latter is not compromised by the former, including the process for conducting internal administrative investigations only after consultation with the assigned criminal investigative entity or after a criminal investigation has concluded. | Meets Standard | Established policy and procedures address all of the requirements listed in this component. The facility utilizes a Sexual Abuse Incident Check Sheet to ensure coordination and sequencing of all steps of the investigation. |
| 16. Information concerning the identity of a detainee victim reporting sexual assault, and the facts of the report itself, are limited to those who have a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes. | Meets Standard | Access to information on the identity of the victim reporting sexual assault and the facts of the report is limited to those with a need to know for purposes addressed in this component. |
| 17. When possible and feasible, appropriate staff preserve the crime scene, and safeguard information and evidence in coordination with the referral agency and consistent with established evidence-gathering and evidence-processing procedures. | Meets Standard | Written procedures require the preservation and safeguarding of the crime scene and evidence, consistent with established evidence gathering and processing procedures. |


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| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 18. At no cost to the detainee, the facility administrator arranges for the victim to undergo a forensic medical examination by external independent and qualified health care personnel. The results of the physical examination and all collected physical evidence are provided to the investigative entity. | Meets Standard | Per policy, the OIC arranges for the victim to undergo a forensic medical examination by external independent and qualified health care personnel at no cost to the detainee. Results of the examination and collected physical evidence are provided to the investigative entity and AFOD. |
| 19. The program coordinator reviews the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts. | Meets Standard | Per policy, the program coordinator shall review the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts. |
| 20. Victims are provided emergency medical and mental health services and ongoing care as appropriate, including testing for sexually transmitted diseases and infections, prophylactic treatment, emergency contraception, follow-up examinations for sexually transmitted diseases, and referrals for counseling (including crisis intervention counseling). | Meets Standard | Policy establishes procedures addressing the requirements listed in this component. |
| 21. All case records associated with claims of sexual abuse are maintained in a secure location, consistent with the confidentiality requirements of the Detention Standards on "Medical Care" and "Detention Files." | Meets Standard | Per policy, all case records are maintained and kept secured, consistent with confidentiality requirements. There were fourteen allegations of sexual abuse or assault since the last inspection. |
| 22. The program coordinator conducts an annual review of aggregate data regarding sexual abuse or assault incidents at the facility, and presents the findings to the Field Office Director and ICE/ERO HQ for use in determining whether changes are needed to existing policies and practices to further the goal of eliminating sexual abuse. | Meets Standard | Policy and procedures are in place for the program coordinator to complete an annual review of compiled data regarding sexual abuse or assault incidents. Findings from this review are to be presented to the AFOD, the FOD and ICE/ERO HQ for use in recommending changes to existing policies and practices to further the goal of eliminating sexual abuse. |

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary |
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| *(Use following format for dates: mm/dd/yyyy)* |



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**STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Approved policies ensure immediate protection to victims, include prevention of retaliation, assure medical and mental health referrals for alleged victims, specify medical employees' responsibility to report allegations or suspicions of sexual assault to facility personnel and specify evidence gathering and forensic medical examination protocols. The program coordinator is assigned responsibility for detainee education regarding issues pertaining to sexual assault. Detainees are provided instructions on how to contact DHS/OIG or ICE to confidentially report sexual abuse or assault.

The Sexual Abuse and Assault Prevention and Intervention (SAAPI) program coordinator assists with the development of written policies and procedures and training protocols and serves as a liaison with other agencies. Employee, contractor and volunteer training include all of the topics listed in the Standard. The facility documents participation in the training sessions.

Detainees identified as "high risk" for committing sexual assault are assessed by a mental health or other qualified health care professional and treated if indicated.

Statements from detainees claiming to be victims of sexual assaults are taken seriously and professionally responded to. As clinically indicated, prophylactic treatment and follow-up examinations for sexually transmitted diseases are offered. After the physical examination, a mental health professional evaluates the need for crisis intervention, counseling and long-term follow-up. During the community examination, the victim may choose to have an outside advocate present. When the detainee has been transferred, the OIC is notified.

SAAPI case records include general files and administrative investigative files and are maintained chronologically, in accordance with medical care and detention standards and applicable policies, and retained in accordance with established schedules. The program coordinator maintains a record in the detail that is required by the Standard. Criminal investigative documents or evidence are not stored at the facility.

The facility has a comprehensive sexual abuse/assault prevention and intervention program which includes a zero-tolerance policy for all forms of sexual abuse and assault. All employees receive related training during orientation and annual refresher training. Procedures are in place to prevent sexual assault and abuse on detainees and to provide prompt and effective intervention and treatment for victims. Detainees receive information regarding the program during intake procedures via the orientation video, national detainee handbook, local handbook, ICE sexual abuse and assault awareness brochure, and postings throughout the facility and housing units. All information is provided in English and Spanish. The program includes the screening of new detainees for potential vulnerabilities to sexually aggressive behavior and for a history of sexually aggressive behavior.

There were fourteen allegations of sexual assault or abuse during the inspection period involving ICE detainees. Four of those allegations involved staff; two were unfounded and two were unsubstantiated. Of the remaining ten allegations, five were unsubstantiated, one was unfounded, and four were substantiated which included allegations of harassment or touching of the buttocks of another detainee. Documentation of facility practice was reviewed to confirm full compliance with the requirements of the standard and policy in the chain-of-command reporting, intervention and investigation. All substantiated allegations resulted in institutional discipline and placement in segregation.

An inspection of the housing units, medical unit, and the facility overall reflected a positive environment, clean conditions, and no issues being noted with the conditions of confinement. Random interviews with ICE detainees indicated overall understanding of the SAAPI program, including the zero-tolerance policy regarding sexual abuse and assault, all processes for reporting incidents of sexual abuse or assault and confidence in the provision of response to allegations at this facility. Evaluation of this standard was based on review of policy, training documentation and training presentations; interviews with medical staff, SAAPI coordinator ICE personnel and ICE detainees; and observation of housing unit postings and intake screening procedures.

**Overall Rating:** Meets Standard

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary | |
|---|---|
| *e following format for dates: mm/dd/yyyy)* | |
| **Reviewer Name (Printe** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 04/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Written policy and procedures are in place for special management units, including Administrative Segregation and Disciplinary Segregation, as well as documenting the reason(s) for placement and periodic reviews. | Meets Standard | Policy and procedures are in place for operation of the special management unit (SMU), including administrative and disciplinary segregation. Policy requires documentation of the reasons for placement of a detainee in the SMU and periodic reviews. |
| 2. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed. | Meets Standard | |
| 3. Cells and rooms are well ventilated, adequately lit, appropriately heated/cooled and maintained in a sanitary condition at all times.<br>Cells are conducive to maintaining a safe and secure environment for all detainees, with particular emphasis on allowing for full visibility and appropriate observation by staff, and wherever possible on eliminating potential safety hazards such as sharp edges and anchoring devices. | Meets Standard | The SMU cells were observed to be in accordance with all of the requirements listed in this component. |
| 4. Each facility shall issue guidelines concerning the privileges detainees may have in both Administrative and Disciplinary status. | Meets Standard | Policy establishes guidelines concerning privileges for which detainees are eligible while in administrative or disciplinary segregation. |
| 5. PRIORITY: Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted. | Meets Standard | Detainees are personally observed by officers every thirty minutes at irregular intervals and more often when warranted. Observations are documented in the SMU logbook. |


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| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 6. PRIORITY: A detainee is placed in Administrative Segregation only for non-punitive reasons, when necessary to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility.<br>The facility administrator or designee shall complete the Administrative Segregation Order (Form I-885 or equivalent), detailing the reasons for placing a detainee in Administrative Segregation, before his or her actual placement. A copy of the order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility. | Meets Standard | Detainees are placed in administrative segregation only for non-punitive reasons, when necessary, to ensure the safety of the detainee or others, or to protect property or the security or good order of the facility.This facility uses an equivalent administrative segregation order form, which is signed by the OIC before a detainee is placed in administrative segregation. A copy of the order is immediately provided to the detainee in a language or manner the detainee can understand. |
| 7. PRIORITY: A detainee is placed in protective custody status in Administrative Segregation only when there is documentation and supervisory approval that it is warranted and that no reasonable alternatives are available. Use of administrative segregation to protect vulnerable populations shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort. Detainees who have been placed in administrative segregation for protective custody shall have access to programs, services, visitation, counsel and other services available to the general population to the maximum extent possible. | Meets Standard | Detainees are placed in protective custody status in administrative segregation only when there is documentation and supervisory approval warranting placement and no other options exist, and as a last resort. Policy and procedure state that detainees who have been placed in administrative segregation have access to programs, services, visitation, counsel and other services available to the general population to the maximum extent possible. |
| 8. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest," "High," or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System. | Meets Standard | |
| 9. A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be immediately given to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safety, security, or the orderly operation of the facility. | Meets Standard | Policy addresses all of the requirements listed in this component. |



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| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
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| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 10. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Chief of Security or equivalent for inclusion in the detainee's detention file. | Meets Standard | Policy addresses all of the requirements listed in this component. |
| 11. PRIORITY: There are implemented written procedures for the regular review of all detainees in Administrative Segregation.<br>A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification.<br>If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator.<br>When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 30 days and at least every 10 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. | Meets Standard | Policy addresses all of the requirements listed in this component. |
| 12. A copy of the decision and justification for each segregation status review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility. | Meets Standard | Policy addresses all of the requirements listed in this component. |
| 13. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).<br>The SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released. These logs shall also be used by supervisory staff and other officials to record their visits to the unit. | Meets Standard | A permanent log is maintained in the SMU and is used to record all of the information listed in this component. |


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| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
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| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 14. A separate log is maintained in the SMU that all persons visiting the unit must sign and record:<br>• The time and date of the visit, and<br>• Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. | Meets Standard | A separate log is maintained in the SMU for recording the items listed in this component. The visitors log was reviewed and found to be current. |
| 15. A Special Management Housing Unit Record is maintained on each detainee in an SMU, that records:<br>• Whether the detainee ate, showered, recreated, and took any medication; and<br>• Any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior. | Meets Standard | A Special Management Housing Unit Record is maintained for each detainee in SMU. All of the applicable information and activities listed in this component are documented. |
| 16. Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols. | Meets Standard | |
| 17. PRIORITY: Detainees with serious mental illness may not be automatically placed in an SMU on the basis of such mental illness. Every effort shall be made to place detainees with serious mental illness in a setting in or outside of the facility in which appropriate treatment can be provided, rather than an SMU, if separation from the general population is necessary. | Meets Standard | Detainees with serious mental illness may not be automatically placed in SMU on the basis of their mental illness. These detainees are only placed in SMU after all other alternative housing options are considered and exhausted. |
| 18. PRIORITY: Health care personnel conduct face-to-face medical assessments for every detainee in an SMU at least once daily, and where reason for concern exists, assessments are followed up with a complete evaluation by a qualified medical or mental health professional, and indicated treatment.<br>Medical visits shall be recorded on the SMU housing record or comparable form, and any action taken shall be documented in a separate logbook. | Meets Standard | Procedures require health care personnel to conduct a face-to-face medical assessment of each detainee in the SMU on a daily basis. If a concern exists, a follow-up assessment is made by a qualified medical or mental health provider. All medical visits are recorded on the SMU Special Housing Unit Record. Any medical action taken is recorded in the individual detainee's medical record. |
| 19. A detainee's mental health status shall be reviewed and documented at least once every 30 days. | Meets Standard | |



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2018-ICLI-00023 6336

| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 20. Detainees in SMUs may shave and shower at least three times weekly and receive other basic services (such as laundry, hair care, barbering, clothing, bedding, and linen) on the same basis as the general population. | Meets Standard | Detainees in the SMU have the opportunity to shower and shave every other day. Other services listed in this component are provided on the same basis as those provided to the general population. |
| 21. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU). | Meets Standard | Detainees in administrative segregation are provided two hours of recreation seven days a week and are offered the opportunity to watch television from inside their cells. The facility does not have the resources or the needed space to provide other opportunities over and above the two hours a day for these detainees to spend time outside their cell to socialize or play board games. |
| 22. The shift supervisor sees each segregated detainee daily, including weekends and holidays. | Meets Standard | |
| 23. The facility administrator (or designee) visits each SMU daily. | Meets Standard | |
| 24. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu. | Meets Standard | |
| 25. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer. | Meets Standard | Items of clothing and bedding are only denied to a detainee for documented medical or mental health reasons. If a detainee is so disturbed that he is likely to destroy bedding or clothing or create a disturbance risking harm to himself or others, a healthcare professional is notified and a regimen of treatment and control is implemented once it is approved by the OIC. |
| 26. Detainees in an SMU may write and receive letters the same as the general population. | Meets Standard | |
| 27. Detainees in an SMU ordinarily retain visiting privileges. | Meets Standard | |



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2018-ICLI-00023 6337

| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
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| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 28. Adequate documentation is generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year. Where visits are restricted or disallowed, a report is filed with the facility administrator and ICE/ERO, and made part of the detainee's file. | Meets Standard | Policy requires that any restriction or denial of visitation is documented and that a report is filed with the OIC and ICE/ERO. There were no visiting restrictions or denials imposed during this inspection period. |
| 29. Under no circumstances is a detainee permitted to participate in general visitation while in restraints. | Meets Standard | |
| 30. Detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours. | Meets Standard | |
| 31. In cases in which a visit would present an unreasonable security risk, visits may be disallowed for a particular violent or disruptive detainee. | Meets Standard | All visits are non-contact. Policy states that a detainee whose presence would present an unreasonable security risk may be disallowed visits. |
| 32. Ordinarily, detainees in SMUs are not denied legal visitation. | Meets Standard | |
| 33. Detainees in SMUs are allowed visits by members of the clergy or other religious service providers, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations. | Meets Standard | |
| 34. Detainees in SMUs have access to reading materials, including religious materials. The Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis. | Meets Standard | |
| 35. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain all personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard.<br>Detainee requests for access to legal material in their stored personal property are accommodated as soon as possible and always within 24 hours of a detainee's request. | Meets Standard | Policy states that detainees in the SMU have access to legal materials, in accordance with the detention standard and are permitted to retain all personal legal material in the SMU unless it creates a safety, security and/or sanitation hazard. Detainees who request legal material which is stored in their personal property are accommodated as soon as possible, but at the latest, within twenty-four hours of their request. |



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| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 36. Any denial of access to the law library is always:<br>• Supported by compelling security concerns,<br>• For the shortest period required for security, and<br>• Fully documented in the SMU housing logbook.<br>ICE/ERO is notified every time law library access is denied. | Meets Standard | Policy addresses all of the items listed in this component. |
| 37. Recreation for detainees in the SMU is separate from the general population. | Meets Standard | |
| 38. Detainees in the SMU for administrative reasons are offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least seven days per week. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire. | Meets Standard | Detainees in administrative and disciplinary segregation are offered two hours of daily recreation outside of their cells seven days per week at a reasonable time. Detainees are provided weather-appropriate attire as needed for outside recreation in inclement weather. |
| 39. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security.<br>When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator. | Meets Standard | Policy states that recreation privileges can only be denied or suspended for safety or security reasons. Such action requires a report to be submitted to the OIC. There have been no recreation privilege denials or suspensions imposed during this inspection period. |
| 40. The case of a detainee denied recreation privileges is reviewed as part of the regular reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why. | Meets Standard | |
| 41. Denial of recreation privileges for more than 7 days requires the concurrence of the facility administrator and the health authority.<br>The facility notifies ICE/ERO when a detainee is denied recreation privileges for more than 7 days. | Meets Standard | |



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| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 42. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU.<br>Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order. | Meets Standard | Detainees in administrative segregation are allowed the same telephone access as general population detainees. Detainees in disciplinary segregation are allowed telephone calls to those described in the Telephone Access standard unless there are documented reasons of safety, security and good order. |
| 43. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. | Meets Standard | |
| 44. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification.<br>A similar review is done every 30 days thereafter. | Meets Standard | Policy states that if a detainee being held in administrative segregation for more than seven days objects to this status that the case must be reviewed by the OIC to determine whether that status should continue. Written documentation is made of the decision and justification. Subsequent reviews are required every thirty days thereafter. |
| 45. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director. | Meets Standard | |

**STANDARD 2.12. SPECIAL MANAGEMENT UNITS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The SMU protects detainees, staff, contractors, volunteers and the community from harm by segregating certain detainees from the general population. In evaluating this standard, the chief of security and SMU personnel were interviewed. Additionally, policy and documentation were reviewed and the SMU was toured. There were ten detainees in administrative segregation and ten detainees in disciplinary segregation. Detainees in SMU are afforded basic living conditions that approximate those provided to the general population. Detainees are escorted individually to the law library room which has a LexisNexis and is located in the SMU. When a detainee in an SMU is deprived of any usually authorized items or activity, a report of the action is forwarded through the chain-of-command to the OIC for review and approval. Detainees in SMU have regular access to supervisory staff that are required to tour the SMU at least once a shift and the log confirmed this practice and this includes the chief of security.

A detainee shall remain in disciplinary segregation for no more than thirty days per violation, and his status shall be reviewed

| STANDARD 2.12. SPECIAL MANAGEMENT UNITS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| by the OIC and the FOD after the first thirty days and each thirty days thereafter, to determine whether continued detention in disciplinary segregation is warranted. Time served in pre-hearing detention may be deducted from any time ordered by the institution disciplinary panel (IDP). Detainees may be placed in administrative segregation for a number of safety and security reasons which may include, but are not limited to, past sexual victimization by other detainees or because they have a history of being sexual predators.<br><br>Detainees in administrative segregation are not co-mingled with detainees in disciplinary segregation. There are ten individual exercise yards for the detainees in the SMU. | |
| **Overall Rating:** Meets Sta[redacted] | |
| **Reviewer Name (Printed)** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.13. STAFF-DETAINEE COMMUNICATION (Key: P) | | |
|---|---|---|
| This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.<br><br>This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG). | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: ICE/ERO detainees shall have frequent informal access to and interaction with key facility staff members, in a language they can understand.<br>Facility staff shall conduct scheduled visits to address detainees' personal concerns and monitor living conditions. | Meets Standard | Detainees have frequent informal access to and interaction with ICE and facility personnel in languages they understand. ICE and facility personnel make both scheduled and frequent unannounced visits to all detainee housing units in order to monitor overall living conditions and to listen and respond to detainee concerns. |
| 2. The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or "pods") of the facilities. Posted contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel. | Meets Standard | The local detainee handbook includes the contact information for the ICE field office, including the hours and days that the staff members are available. Weekly visit schedules are posted in each housing unit. The information is up to date and updated quarterly, as necessary. |



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| STANDARD 2.13. STAFF-DETAINEE COMMUNICATION (Key: P) | | |
|---|---|---|
| This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.<br><br>This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG). | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 3. PRIORITY: Detainees may submit written questions, requests, grievances or concerns to ICE/ERO staff, using the detainee request form, a local IGSA form, or a sheet of paper.<br>Facilities must also allow any ICE/ERO detainee dissatisfied with the facility's response to file a grievance appeal and communicate directly with ICE/ERO.<br>Each facility administrator shall:<br>• Ensure that adequate supplies of detainee request forms, envelopes, and writing implements are available.<br>• Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests.<br>• Ensure that the standard operating procedures accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English. When language services are needed, the facility should use qualified interpretation services when an employee needs to communicate with a limited English proficient person.<br>• Ensure that each facility provides a secure dropbox for ICE detainees to correspond directly with ICE management, and that only ICE personnel have access to the dropbox. | Meets Standard | The items listed in this component are satisfied via policy and practice. |
| 4. In facilities with ICE/ERO on-site presence: The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 3 business days of receipt. | Meets Standard | A review of the logs provided by the assigned ICE officer indicated that the majority of requests are responded to the same day that they are received and all were responded to within three business days of receipt. Detainees interviewed verified that their requests are responded to quickly. |
| 5. In facilities without ICE/ERO on-site presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days. | N/A | This facility has on-site ICE presence. |


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| STANDARD 2.13. STAFF-DETAINEE COMMUNICATION (Key: P) | | |
|---|---|---|
| This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.<br><br>This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG). | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 6. All requests to ICE/ERO staff shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record:<br>• Date of receipt;<br>• Detainee's name;<br>• Detainee's A-number;<br>• Detainee's nationality;<br>• Name of the staff member who logged the request;<br>• Date the request, with staff response and action, was returned to the detainee;<br>• Any other pertinent site-specific information, including detention condition complaints;<br>• Specific reasons why the detainee's request is urgent and requires a faster response; and<br>• The date the request was forwarded to ICE/ERO and the date it was returned. | Meets Standard | Detainee requests are recorded in an electronic logbook which includes all the information listed in this component. |
| 7. As required by the ICE/ERO Detention Standard on Detainee Handbook, each facility's handbook (or supplement) shall advise detainees of the procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests. | Meets Standard | The facility handbook addresses procedures on submission of requests to the facility or ICE personnel, and how to request assistance in the preparation of those requests. |
| 8. The facility administrator shall ensure that OIG Hotline posters are posted in every housing unit and in appropriate common areas (recreation areas, dining areas, processing areas, etc.). | Meets Standard | |

**STANDARD 2.13. STAFF-DETAINEE COMMUNICATION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Staff-detainee communications are conducted in accordance with the standard. ICE staff members provide general information to detainees pertaining to the immigration court process. If detainees request, their written request can be delivered in a sealed envelope with the name and title of the ICE official to whom it should be forwarded. Detainees are informed that they can obtain assistance from other detainees or facility staff in preparing a request form. All completed detainee requests are considered confidential and are maintained in the field office.

ICE staff tests all detainee phones at least weekly to verify serviceability. ICE staff make random calls to pre-programmed numbers for attorney and consulate services, interview a sampling of detainees regarding telephone services, and check the TTY or other reasonable accommodation ensuring they are working and available for hearing-impaired detainees. ICE/ERO staff documents each serviceability test and maintains them by month for three years. OIG contact information posters are located in the housing units.

| STANDARD 2.13. STAFF-DETAINEE COMMUNICATION – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| In evaluating this standard, employees and detainees were interviewed, logbooks were examined, and facility liaison visit checklists were reviewed. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.14. TOOL CONTROL (Key: Q) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The use of tools, keys, medical equipment and culinary equipment is controlled. | Meets Standard | The use of tools, keys, medical and culinary equipment is controlled through inventories maintained in each department. |
| 2. PRIORITY: There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability. | Meets Standard | The chief of security is responsible for developing a tool control procedure and an inspection system to ensure accountability. |
| 3. PRIORITY: Each facility administrator shall develop and implement a written tool control and storage system to include a tool classification system, and there are policies and procedures in place to ensure that all tools are properly marked and readily identifiable. | Meets Standard | The OIC has, through the chief of security, developed and implemented a written tool control and storage system. The tools are classified, marked and readily identifiable. However, the maintenance shop is located outside the secure perimeter and was not inspected. |
| 4. The facility has developed and implemented a tool classification system. | Meets Standard | |
| 5. Tool inventories are required for:<br>• Facility Maintenance Department<br>• Medical Department<br>• Food Service Department<br>• Electronics Shop<br>• Recreation Department<br>• Armory | Meets Standard | All of the listed areas have tool inventories in place with the exception of the recreation department because they do not have any tools. The maintenance department and armory are outside the secure perimeter and were therefore not inspected. This facility does not have an electronics shop. |
| 6. *(SPCs/CDFs) The new tools shall be issued only after the Tool Control Officer has marked and inventoried them. Inventories that include any portable power tools shall provide brand name, model, size, description, and inventory control/AMIS number.* | Meets Standard | At this DIGSA, all new tools are taken to the maintenance shop by the tool control officer for proper etching prior to their placement into the tool inventory. Inventories for portable power tools include the information listed in this component. |
| 7. The facility administrator shall schedule, and establish procedures for, the quarterly inventorying of all tools. | Meets Standard | |



~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

| STANDARD 2.14. TOOL CONTROL (Key: Q) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. *(SPCs/CDFs) Tool inventories shall be numbered and posted conspicuously on all corresponding shadow boards, toolboxes, and tool kits. While all posted inventories must be accurate, only the Master Tool Inventory Sheet in the office of the chief of security requires the certifiers' signatures.* | Meets Standard | At this DIGSA, the maintenance supervisor reported that all tool inventories are numbered and posted conspicuously on the corresponding shadow boards, toolboxes and tool kits. The master tool inventory, which is maintained in the chief of security's office, requires the certifier's signatures. |
| 9. The facility administrator shall develop and implement procedures governing lost tools. | Meets Standard | |
| 10. *(SPCs/CDFs) When a restricted or non-restricted tool is missing or lost, staff shall notify the chief of security in writing as soon as possible.*<br>*When the tool is a restricted (Class "R") tool, staff shall inform the shift supervisor orally immediately upon discovering the loss. Any detainee(s) who may have had access to the tool shall be held at the work location pending completion of a thorough search.*<br>*The facility administrator shall implement quarterly evaluations of lost/missing tool files.* | Meets Standard | All documentation of a lost tool goes through the tool control officer. The chief of security is notified verbally and in writing when a tool is discovered missing or lost. In the case of a restricted tool, the shift commander is notified immediately and through the chain-of-command, the OIC is notified. Any detainee who had access to the tool is held at the work location pending completion of the search. Policy requires quarterly evaluations of lost/missing tool files. Since the last inspection no lost/missing tools have been reported. |
| 11. All visitors, including repair and maintenance workers who are not ICE/ERO or facility employees, shall submit to an inspection and inventory of all tools, tool boxes, and equipment that could be used as weapons before entering and leaving the facility. The contractor shall maintain a copy of the tool inventory with them while inside the facility. | Meets Standard | |

| STANDARD 2.14. TOOL CONTROL – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)* |
| Effective control of all tools protects detainees, employees, contractors and volunteers from harm and contributes to orderly facility operations. In evaluating this standard, the chief of security, unit manager, maintenance staff and the maintenance supervisor were interviewed, policy was reviewed and the inventory for a tool box was reviewed, and the kitchen and medical department inventories were checked. All maintenance tools are required to be marked and each tool must appear on an inventory which officers check when tools enter any area where detainees are located. Personnel remove restricted tools |

| STANDARD 2.14. TOOL CONTROL – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| from work areas at the end of each workday for safekeeping. The maintenance personnel responsible for the toolbox are required to keep an inventory sheet in the toolbox, and the maintenance supervisor maintains copies of all such inventory sheets. The maintenance supervisor reported that individual toolboxes containing tools used on a daily basis are required to be secured with hasp and padlock. This facility does have acetylene tanks and equipment, but they are stored in the warehouse. Any tool permanently removed from service must be turned in to the maintenance supervisor for record keeping and safe disposal, as required by policy. Tools used in the food service and the medical/dental departments were observed to be accurately inventoried and stored during this inspection.<br><br>The maintenance supervisor establishes site-specific procedures for the control of ladders, extension cords, ropes and hoses, according to procedures which state that all ladders, extension cords, ropes and hoses over three feet long are classified as restricted tools and must be stored in the maintenance area. Policy requires that every employee supervising the use of an extension ladder and/or heavy equipment must have at his/her disposal a portable two-way radio.<br><br>When a medical department tool or equipment item is missing or lost, policy requires that personnel immediately inform the HSA, who will make the immediate verbal notification to a shift commander and the chief of security and make written notification to the OIC. Inventory control and storage of tools in all departments are consistent with established policy and guidelines. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R) | | |
|---|---|---|
| This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Staff use physical force only as a last resort after all reasonable efforts to otherwise resolve a situation have failed, and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum. | Meets Standard | Policy states that physical force will only be used as a last resort after all reasonable efforts to resolve a situation have failed. Policy and training state that only the degree of force necessary to gain control of the situation employing confrontation avoidance techniques and the use-of-force continuum are to be used. |
| 2. Staff:<br>• Does not use force as punishment.<br>• Attempts to gain the detainee's voluntary cooperation before resorting to force.<br>• Uses only as much force as necessary to control the detainee.<br>• Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. | Meets Standard | Policy addresses all items listed in this component. The only chemical agent approved for use is oleoresin capsicum (OC). The use of choke holds is prohibited. Choke holds, carotid control holds and other neck restraints; using a baton to apply choke or "come along" holds to the neck area; and intentional baton strikes to the head, face, groin, solar plexus, neck, kidneys, or spinal column are not permitted. Canines are not used in this facility. |
| 3. PRIORITY: All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees.<br>Specialized training is given to officers ensuring they are certified in all devices including chemical agents, approved for use. | Meets Standard | All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees. Officers receive specialized training to ensure they are certified in all devices, including chemical agents, approved for use. |


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| STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R) | | |
|---|---|---|
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| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 4. PRIORITY: Staff will consult with medical staff prior to a calculated use of force regarding the following:<br>• Use of pepper spray/non-lethal weapons.<br>• Pregnant detainees or detainees in post-delivery recuperation.<br>• Detainees with wounds or cuts.<br>• Detainees with special medical or mental health needs. | Meets Standard | Policy and procedures require that medical personnel be consulted prior to any calculated use of force including the use of pepper spray on detainees involving any of the conditions listed in this component. This facility does not house pregnant detainees or detainees in post-delivery recuperation. |
| 5. Special precautions are taken when restraining pregnant detainees, consistent with the Detention Standard on Medical Care (Women).<br>Medical personnel are consulted. | N/A | Pregnant detainees are not housed at this facility. |
| 6. Intermediate force weapons, when not in use, are stored in areas where access is limited to authorized personnel and to which detainees have no access. | Meets Standard | Intermediate force weapons are stored in the control center. This location has limited access. Only authorized personnel are admitted and no detainee access is allowed. Stream and foam pepper-spray canisters are kept in the control center and are reviewed monthly for their condition and expiration dates. |
| 7. When the detainee is in isolated location where there is no immediate threat to the detainee or others (e.g., a locked cell, a range), staff must try to resolve the situation without resorting to force. | Meets Standard | |
| 8. The facility subscribes to the prescribed confrontation avoidance procedures.<br>The ranking detention official, health professionals, and others confer before every calculated use of force. | Meets Standard | The facility subscribes to the prescribed confrontation avoidance procedures. Policy states that before authorizing the calculated use of force, the ranking detention official, a designated health professional and others confer before every calculated use of force. A review of incident reports confirmed this practice. |
| 9. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the use of force team technique. | Meets Standard | |



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| STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R) | | |
|---|---|---|
| This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 10. Staff members are trained in the performance of the use-of-force team technique. | Meets Standard | All security personnel are trained in the use of force team technique during pre-service and annual training. |
| 11. PRIORITY: All use of force incidents are documented and reviewed. Staff prepare a use of force form that identifies the detainee(s), staff, and others involved, describes the incident, and documents the location of strikes if intermediate force weapons are used.<br>All calculated use of force incidents are properly audio-visually documented and forwarded for review. Use of Force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio-visually recorded in its entirety from the beginning of the incident to its conclusion. | Meets Standard | All uses of force are documented and reviewed by the shift commander, chief of security and the OIC. Policy addresses all areas listed in this component. |
| 12. Staff shall store and maintain audio-visual recording equipment under the same conditions as “restricted” tools. | Meets Standard | Audio/visual recording equipment is kept in the control center. The post orders for the control center officer include procedures for maintaining two cameras to ensure that they are in working order. Audio/visual use of force records are retained in the OIC's office for at least one year or until any investigation has concluded or been resolved. |
| 13. Standard procedures associated with using four/five point restraints include:<br>• Soft (nylon/leather) restraints.<br>• Dressing the detainee appropriately for the temperature.<br>• A bed, mattress, and blanket/sheet.<br>• Checking the detainee at least every 15 minutes.<br>• Logging each check.<br>• Repositioning detainee often enough to prevent soreness or stiffness.<br>• Medical evaluation of the restrained detainee twice per eight-hour shift.<br>When qualified medical staff are not immediately available, staff position the detainee "face-up." | Meets Standard | Policy addresses each of the issues in this component regarding the use of four/five point restraints. Compliance officers reported there have been no uses of four/five point restraints since the last inspection. |


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| STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R) | | |
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| This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 14. In immediate use of force situations, officers contact medical staff once the detainee is under control. | Meets Standard | |
| 15. The shift supervisor monitors the detainee's position/condition every two hours.<br>He/she allows the detainee to use the restroom at these times under safeguards. | Meets Standard | Policy addresses each of the issues in this component regarding the use of four/five point restraints. |
| 16. All detainee checks are logged. | Meets Standard | Policy requires that detainee checks are logged. Compliance officers reported there has been no use of four/five point restraints during the inspection period. |
| 17. When any detainee is restrained for more than eight hours, the facility administrator shall telephonically notify the Assistant Field Office Director and provide updates every eight hours until the restraints are removed. | Meets Standard | |
| 18. It is standard practice to review any use of force and the non-routine application of restraints. | Meets Standard | Policy states that use of force incident documentation be immediately reviewed after the reports are completed. Policy requires a four-member after-action review team which includes the health services administrator (HSA) to convene on the workday after the incident. The after-action review team is required to gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report to record the nature of its review and findings. The results of the review are forwarded to the FOD. |

| STANDARD 2.15. USE OF FORCE AND RESTRAINTS – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |

**STANDARD 2.15. USE OF FORCE AND RESTRAINTS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

In evaluating this standard, security personnel were interviewed and policy and reports and video tapes were reviewed. This facility does not have Tasers. Calculated uses of force are conducted by the Special Operations Response Team (SORT). The shift commander is required to inspect areas of blood or other bodily-fluid spillage after a use of force incident. Unless the shift commander determines that the spillage must be preserved as evidence, trained and properly equipped staff members immediately sanitize those areas using appropriate cleaning solutions. Radios and battery chargers are charged and issued from the control center and are logged in and out. The senior firearms instructor maintains the inventory for the 38 handguns, shotguns and ammunition which are all stored in the armory. All of the restraint equipment is ICE approved and meets the National Institute of Justice standards.

Since the last annual inspection there have been nineteen incidents where officers used force to control a detainee. Eighteen of the incidents involved immediate uses of force and one involved calculated use of force. In all of the immediate use of force incidents officers used force to gain compliance with the detainee(s). Four of the immediate uses of force involved an officer using oleoresin capsicum (OC) spray to gain control of a detainee. After each use of OC spray the detainee was immediately decontaminated and medically examined. In each of these cases the officers used minimal physical force to restrain and control the detainees. In each case detainees and officers received immediate medical evaluation/attention. The use of force was minimal and viewed as appropriate for the circumstances.

In the calculated use of force incident a detainee disturbance occurred in Unit 6 which has three celled pods of eighty detainees each for a total of two hundred and forty detainees. They refused to return to their cells and prevented staff from securing the entrance door to one of the pods. After hours of attempts by supervisory staff, ICE and medical staff to gain detainee compliance without success, four OC foggers were dropped by wire from the roof hatches in two of the three pods. Detainees in these two units immediately returned to their cells without further incident. Detainees in the third pod complied with orders after the other two pods returned to their cells. After use of the OC spray the detainees were immediately decontaminated and medically examined. Only the two leaders of the disturbance were placed in administrative segregation pending their disciplinary hearings. The remaining detainees were not disciplined because it was determined that they were coerced into the demonstration by the two leaders. There were no injuries to staff or detainees.

This facility has comprehensive policies, procedures, and training which provides for a safe environment for staff and detainees.

**Overall Rating:** Meets Standard

**Reviewer Name (Print** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016

**Reviewer Signature (for printed form submission):**

# *Section III: ORDER*

**Disciplinary System**



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2018-ICLI-00023 6354

| STANDARD 3.1. DISCIPLINARY SYSTEM (Key: S) | | |
|---|---|---|
| This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: The facility has a written disciplinary system using progressive levels of reviews and appeals. Written disciplinary policy and procedures shall clearly define detainee rights and responsibilities. The policy, procedures and rules shall be reviewed at least annually. | Meets Standard | Written disciplinary policy addresses the use of progressive levels of review and appeal. Written disciplinary policy and procedures include detainee rights and responsibilities. The policy, procedures and rules are reviewed annually. |
| 2. Detainees will receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, including accommodation for the hearing impaired. The facility shall not hold a detainee accountable for his or her conduct if a medical authority finds him or her mentally incompetent. | Meets Standard | |
| 3. PRIORITY: Time in disciplinary segregation or withholding of privileges imposed for disciplinary violations do not generally exceed 30 days per violation, except in extraordinary circumstances. Staff do not impose or allow imposition of the following sanctions: corporal punishment; deprivation of food services (to include use of Nutraloaf or "food loaf"); deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence privileges; deprivation of legal access and legal materials; or deprivation of indoor or outdoor recreation, unless such activity creates a documented unsafe condition. | Meets Standard | Policy states time in disciplinary segregation and the withholding of privileges for disciplinary violations do not exceed thirty days, unless approved by the OIC. All other requirements listed in this component are also addressed in policy. |
| 4. A detainee shall be removed from segregation if a health care professional concludes that continued segregation is detrimental to the detainee's medical or mental health. | Meets Standard | |
| 5. PRIORITY: The facility supplemental handbook issued to each detainee upon admittance shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings. | Meets Standard | The facility supplemental handbook issued to each detainee during admission addresses all of the elements listed in this component. |



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2018-ICLI-00023 6355

| STANDARD 3.1. DISCIPLINARY SYSTEM (Key: S) | | |
|---|---|---|
| This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 6. Copies of the rules of conduct, rights, and disciplinary sanctions shall be provided to all detainees and posted in English, Spanish, and/or other languages spoken by significant numbers of detainees, as follows:<br>• Disciplinary Severity Scale<br>• Prohibited Acts<br>• Sanctions | Meets Standard | The requirements listed in this component are posted in English and Spanish, in the housing units, and are included in the handbook, which is available in English and Spanish. These requirements are also communicated to detainees in English and Spanish in the orientation video. |
| 7. All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section. | Meets Standard | |
| 8. PRIORITY: Incident reports are investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by a Unit Disciplinary Committee (UDC). Unresolved cases and cases involving serious charges are forwarded by the UDC to the Institution Disciplinary Panel (IDP) for adjudication. | Meets Standard | Policy requires that incident reports be investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by the unit disciplinary committee (UDC) and unresolved cases or cases involving serious charges are forwarded to the institution disciplinary panel (IDP) for adjudication. |
| 9. The detainee is advised in writing of his/her right, if applicable, to an initial hearing before the Unit Disciplinary Committee (UDC) within 24 hours of his/her notification of charges. The detainee is provided a copy of the Incident Report and notice of charges at least 24 hours before the start of any disciplinary proceedings. | Meets Standard | Policy addresses all of the requirements listed in this component. |
| 10. The investigating officer advises the detainee of his/her right to remain silent at every stage of the disciplinary process, and ensures that he/she has a complete listing of detainee rights. | Meets Standard | Policy addresses all of the requirements listed in this component. |
| 11. PRIORITY: A staff representative is made available upon request for all detainees facing an IDP disciplinary hearing. Detainees also have the option of receiving assistance from another detainee of their selection rather than a staff representative, subject to approval from the facility administrator. | Meets Standard | Policy states that a staff representative will be made available upon request by a detainee. The detainee has the option of requesting the assistance of another detainee, subject to approval by the OIC. Review of hearing reports confirmed that assistance is provided. |



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2018-ICLI-00023 6356

| STANDARD 3.1. DISCIPLINARY SYSTEM (Key: S) | | |
|---|---|---|
| This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 12. A staff representative is automatically provided for detainees who are illiterate, limited-English proficient, or without means of collecting and presenting essential evidence. | Meets Standard | |
| 13. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented. | Meets Standard | Postponement or continuance of a hearing is permitted for extenuating circumstance, such as waiting for a mental health evaluation. Reasons for delays are documented. |
| 14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence." | Meets Standard | |
| 15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required. | Meets Standard | |

**STANDARD 3.1. DISCIPLINARY SYSTEM – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

In evaluating this standard, the chief of security was interviewed and policy and completed disciplinary reports were reviewed. This facility has a comprehensive disciplinary process which affords detainees their due process rights and levels of appeal. The local handbook provides detainees a comprehensive overview of the disciplinary process. Policy states that disciplinary action may not be capricious or retaliatory. The actions of the IDP are reviewed by the OIC, who may concur with the findings and sanctions or modify them. If any employee at any stage of the disciplinary process has reason to believe that the detainee is mentally ill or mentally incompetent, the facility will provide for an assessment by qualified medical personnel.

If the disciplinary incident is under investigation by a different agency, the investigating officer does not terminate the administrative investigation until the agency with primary jurisdiction concludes its investigation or indicates it will not pursue the matter. A supervisory officer is the investigating officer that conducts the investigation. The shift commander reviews his/her report(s) for accuracy and completeness and signs them.

Policy states that time-served in segregation pending the outcome of the proceedings can be credited to the number of days spent in the segregation unit after an adverse decision is adjudicated. The disciplinary report and accompanying documents are not placed in the file of a detainee who is found not guilty. It was reported by the chief of security that incident reports, tapes and disciplinary forms are archived and retained indefinitely. The progressive disciplinary system promotes a safe and orderly living environment for detainees. All detainees are made aware of facility rules and regulations through the orientation process and via copies of rules, regulations and sanctions in the local handbook and postings in the housing units.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)** (b)(6);(b)(7)(C) [redacted] **Completion Date:** 4/28/2016

**Reviewer Signature (for printed form submission):**

# *Section IV: CARE*

**Food Service**
**Hunger Strikes**
**Medical Care**
**Medical Care (Women)**
**Personal Hygiene**
**Suicide Prevention and Intervention**
**Terminal Illness, Advance Directives, and Death**


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| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for:<br>• Planning, controlling, directing, managing, and evaluating food service;<br>• Managing budget resources;<br>• Establishing standards of sanitation, safety and security;<br>• Developing nutritionally adequate menus and evaluating detainee acceptance of them;<br>• Developing specifications for the procurement of food, equipment, and supplies; and<br>• Establishing a training program that ensures operational efficiency and a high quality food service program. | Meets Standard | Food service is provided by Trinity Services Group. The program is under the direction of an experienced food service director (FSD) who is responsible for all of the bulleted requirements of this component. |
| 2. The knife cabinet must be equipped with an approved locking device. Knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision. | Meets Standard | Knives are not used in this facility. Dough cutters and spatulas are used to process food items. There is no secure cutting room. Processing tools are secured to the workstation while in use and detainees are directly supervised while using them. The tool cage is equipped with an approved locking device and all tools are maintained by a detention officer assigned to the department. |
| 3. Special procedures govern the handling of food items that pose a security threat. | Meets Standard | |
| 4. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date. | Meets Standard | The FSD is required to review the food service detainee job descriptions annually. Each job description is annotated with the current review date. |
| 5. During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates:<br>• Safe work practices and methods.<br>• Safety features of individual products/ pieces of equipment.<br>• Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. | Meets Standard | Detainees working in the food service department receive orientation training on all of the requirements of this component. |


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| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 6. The cook supervisor documents all training. | Meets Standard | |
| 7. Detainees assigned to the food service department shall have a neat and clean appearance. | Meets Standard | Detainees were observed dressed in white shirts and pants with a white cap. All food service personnel are provided and wear approved rubber sole safety shoes as required by the standard. |
| 8. Detainees are served three meals every day, at least two of which are hot meals. No more than 14 hours elapse between the last meal served and the first meal of the following day. | Meets Standard | All three daily meals are served hot. No more than fourteen hours elapse between the dinner meal and the next day's breakfast meal. |
| 9. Meals shall always be prepared, delivered, and served under staff supervision. | Meets Standard | |
| 10. PRIORITY: Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below. | Meets Standard | All foods are maintained at proper temperatures before being displayed and served in the dining room. Proper temperatures were also maintained throughout the satellite feeding process. Sanitary guidelines are adhered to throughout all departmental operations. |
| 11. Servers must wear food grade plastic gloves and hair nets whenever there is direct contact with a food or beverage. Serving food without use of utensils is strictly prohibited. | Meets Standard | Detainees were observed wearing the proper gloves and hair coverings during the preparation and serving of meals. Proper utensils were used for serving during the lunch meal. |
| 12. Utensils shall be sanitized as often as necessary to prevent cross-contamination and other food-handling hazards during food preparation and service. | Meets Standard | |
| 13. If the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (for example, salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature. | Meets Standard | The facility has the appropriate equipment to maintain proper food temperatures throughout the feeding process. |
| 14. Food shall be delivered from one place to another in covered containers. | Meets Standard | Enclosed heated carts are used to transport meals to all of the satellite feeding areas. Feeding is completed well within the two hour feeding time. |

| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 15. If food carts are delivered to housing units by detainees, they must be locked unless they are under constant supervision of staff. All food safety procedures (sanitation, safe-handling, storage, etc.) apply without exception to food in transit. | Meets Standard | All meals, with the exception of satellite meals for segregation and the medical department, are consumed in the dining room. The dining room facility and operating procedures provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere. Food delivered to the satellite feeding sites is transported in an enclosed heated cart. An officer provides constant supervision during the delivery of the food trays. All food safety procedures were observed during transit. |
| 16. PRIORITY: A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. | Meets Standard | A complete nutritional analysis is conducted annually by a dietitian. The dietitian certifies that all of the menus meet the U.S. RDA prior to their incorporation into the food service program. |
| 17. The CS or equivalent ensures that items on the master-cycle menu are prepared and presented according to approved recipes. | Meets Standard | Approved corporate recipes are used for all prepared menu items. A pre-service meeting is conducted prior to each meal. Detainees assigned to the serving line are inspected for proper attire and instructed on how the trays are to be presented. |
| 18. The CS or equivalent has the authority to change menu items if necessary, documenting each substitution, along with its justification, with a copy to the FSA. Menu substitutions will be in accordance with dietician approved substitution guidelines. | Meets Standard | Food service employees are authorized to make menu substitutions and are required to document the substitution and justification to the food service director. Substitutions are in accordance with dietician approved guidelines. |
| 19. Food service staff and detainee workers involved in cooking shall ensure that potentially hazardous foods are cooked at the required safe temperatures, as listed in the Detention Standard on Food service. | Meets Standard | |

| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 20. Facilities are required to provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice by offering a Common Fare Menu. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA. | Meets Standard | The facility provides religious diets through the use of either a common fare or kosher menu. Detainees requesting religious diets are referred to the facility chaplain. |
| 21. *(SPCs/CDFs) Once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card.* | Meets Standard | The language of this component does not require a DIGSA facility to conform to the specific written procedures of providing food service with a duplicate diet card, however the applicability language of the standard does. This DIGSA facility currently identifies detainees authorized to receive a special religious diet by punching a hole in their identification cards. The detainee is in receipt of the diet card and food service is provided a list of those assigned to monitor compliance. Food service does not receive a copy of the special diet card; however the chaplain has implemented procedures to provide the special diet cards in duplicate as required by the standard. |



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| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 22. The common fare menu shall be based on a 14 day cycle. The menus must be certified as exceeding minimum daily nutritional requirements. Hot entrees shall be offered daily. | Meets Standard | The common fare menu exceeds the standard's requirement by providing a 35-day cycle menu. A fourteen- day kosher menu is available for providing meals to Jewish detainees requiring a special religious diet. Both menus have been certified as exceeding minimum daily nutritional requirements. Hot entrees are offered at each meal. The common fare menu does not include a menu for the ten federal holidays. The FSD does not track quarterly costs for the common-fare program in order to prepare budget estimates and does not track the actual cost of both the edible and non-edible food items. |
| 23. The chaplain, in consultation with local religious leaders if necessary, shall develop the ceremonial meal schedule for the following calendar year and provide it to the facility administrator. | Meets Standard | A religious ceremonial meal schedule has been developed by the chaplain and provided to the food service director. |
| 24. The Common Fare Program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year, such as Ramadan, Passover, and Lent. | Meets Standard | The facility recognizes religious ceremonial observances and accommodates detainees who are abstaining from particular foods or fasting for religious purposes at those prescribed times of year. |
| 25. Detainees with certain conditions – chronic or temporary; medical, dental, and/or psychological – shall be prescribed special diets as appropriate. | Meets Standard | |
| 26. The sanitary standards, including proper temperature maintenance, are required in the food service department also apply to satellite meals, from preparation to actual delivery. | Meets Standard | |
| 27. Food for satellite meals must be prepared and held at the proper temperatures until served. Satellite tray meals must be delivered and served within two hours of food being plated. | Meets Standard | Food is prepared and held at the proper temperatures. Satellite trays are prepared, delivered and served well within the two hour time frame. |
| 28. In segregation units, food rations shall not be reduced or changed or otherwise used as a disciplinary tool. | Meets Standard | |



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2018-ICLI-00023 6363

| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 29. Sack meals shall be provided for detainees being transported from the facility, and detainees arriving or departing between scheduled meal hours, and detainees in the SMU, as provided in the standard.<br>Sack meals shall be of the same nutritional quality as other meals prepared by the food service. | Meets Standard | Sack meal contents are consistent with the requirements of the food service standard. Detainees in segregation are given sack meals only with the OIC's authorization. Medical personnel are consulted when sack meals are ordered. Sack lunches for transportation are prepared solely by food service staff as required by the standard. |
| 30. The food service staff instruct detainee volunteers on:<br>• Personal cleanliness and hygiene;<br>• Sanitary techniques for preparing, storing, and serving food, and;<br>• The sanitary operation, care, and maintenance of equipment. | Meets Standard | Food service employees instruct all detainee volunteers regarding personal cleanliness and hygiene and the sanitary operation, care and maintenance of the equipment. Detainees also receive training on the sanitary techniques for preparing, storing and serving food. |
| 31. All food service personnel, including staff and detainees, shall receive a pre-employment medical examination. The Cook Foreman or detention staff assigned to food service shall inspect all detainee food service workers on a daily basis at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness. | Meets Standard | A detainee food service volunteer is required to be medically cleared prior to being assigned. Food service employees receive a physical from the facility prior to being assigned to food service and annual TB checks thereafter. Daily hygiene checks are conducted on both employees and detainees. Anyone with signs of illness is referred to the medical unit for assessment. |
| 32. The food service department complies with food safety and sanitation requirements as prescribed by the governing health inspection authority, applicable laws and contract provisions. | Meets Standard | The food service department is inspected twice a year by the Georgia Department of Public Health. |
| 33. All facilities shall meet environmental standards for safety and sanitation. | Meets Standard | |
| 34. The FSA shall develop a schedule for the routine cleaning of equipment consistent with the information obtained from manufacturers or local distributors, the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies about the operation, cleaning, and care of equipment. | Meets Standard | The established schedule for routine cleaning of equipment is consistent with industry standards such as the National Sanitation Foundation International. |



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2018-ICLI-00023 6364

| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 35. Spray or immersion dishwashers or devices – including automatic dispensers for detergents, wetting agents, and liquid sanitizer – shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles. | Meets Standard | |
| 36. Adequate, sanitary, properly equipped, and conveniently located toilet facilities shall be provided for all food service staff and detainee workers. | Meets Standard | |
| 37. The FSA is responsible for pest control in the food service department. Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents. | Meets Standard | Orkin Pest Control provides monthly exterminating services, to include preventative spraying for indigenous pests. Air curtains are not required as there are no outside doors within the department. |
| 38. The facility shall implement written procedures requiring administrative, medical, and/or dietary personnel to conduct the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas. | Meets Standard | Written procedures require that the FSD and safety manager conduct weekly inspections of all food service areas to include dining, storage, equipment and food preparation areas. |
| 39. PRIORITY: Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures.<br>The FSA or CS shall inspect food service areas at least weekly.<br>An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. | Meets Standard | Supervisors observe and record dish machine temperatures at each meal. Freezer and cooler temperatures are recorded twice daily. The FSD conducts weekly inspections of the department. Georgia Department of Public Health conducts semi-annual inspections of food service facilities and equipment. |
| 40. The FSA shall develop a cleaning schedule for each food service area and post it for easy reference. | Meets Standard | |
| 41. Each FSA shall establish procedures for storing, receiving, and inventorying food. | Meets Standard | |
| 42. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures. | Meets Standard | Storage areas are maintained to ensure that all goods were stored at least six inches off the floor. Pallets and racks are placed sufficiently away from walls to allow for pest control measures to be conducted. |
| 43. Perishables shall be stored at 35-40 F degrees to prevent spoilage and other bacterial action, and maintain frozen foods at or below zero degrees. | Meets Standard | |

| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 44. Inventory levels are established, monitored and periodically adjusted to correct excesses or shortages. | Meets Standard | |

**STANDARD 4.1. FOOD SERVICE – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The food service operation consists of a main kitchen, storage rooms and dining room. Observation of actual work processes, review of policies, and interviews with employees indicated that the food service department provides detainees with nutritious and appetizing meals prepared in accordance with the industry standards. Sanitation in the food service department during the inspection period was excellent.

To ensure that all cook foremen have working knowledge of all food service posts, the FSD has trained the staff in all areas of the food service operation. The learning and development manager, in conjunction with the FSD has devised and provided appropriate training to all food service personnel in detainee custodial issues, to include training in the ICE detention standards. The FSD has developed a meal schedule for detainee food service workers. Detainee workers receive the same fare as other detainees. Detainees did not prepare "special" dishes or condiments for their own or other detainees' consumption. The FSD has received written acknowledgement from the maintenance supervisor that the food service department is equipped with ground fault interruption protection.

**Overall Rating:** Meets Standard

**Reviewer Name (Printe** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016

**Reviewer Signature (for printed form submission):**

| STANDARD 4.2. HUNGER STRIKES (Key: U) | | |
|---|---|---|
| This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. All staff receive initial and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques. | Meets Standard | Documentation in training records confirmed, all personnel receive orientation and annual refresher training on recognition, referral to medical and monitoring of hunger strikes. Medical personnel receive refresher training on hunger strike evaluation and treatment through professional continuing education and clinical training sessions. |
| 2. Procedures for identifying and referring to medical staff a detainee suspected or announced to be on a hunger strike shall include obtaining from qualified medical personnel an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness. | Meets Standard | Policy includes procedures for identifying and referring hunger strikers to medical personnel. A referral to mental health is initiated to assess whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness. |
| 3. PRIORITY: Facility immediately reports via the chain of command a hunger strike to ICE/ERO. | Meets Standard | Policy requires immediate reporting of detainee hunger strikes to ICE/ERO. Reporting is completed through the chain of command. |
| 4. PRIORITY: Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, and shall refer him or her to the clinical medical authority for evaluation and management. | Meets Standard | Per policy, detainees noted to have not eaten for 72 hours are considered to be on a hunger strike and are referred to medical personnel for evaluation and treatment. |

| STANDARD 4.2. HUNGER STRIKES (Key: U) | | |
|---|---|---|
| This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 5. During the initial evaluation of a detainee on a hunger strike, medical staff shall:<br>• Measure and record height and weight;<br>• Measure and record vital signs;<br>• Perform urinalysis;<br>• Conduct psychological/psychiatric evaluation;<br>• Examine general physical condition; and<br>• If clinically indicated, proceed with other necessary studies.<br>Medical staff record the weight and vital signs and repeat other procedures as medically indicated of a hunger-striking detainee at least once every 24 hours.<br>Medical staff shall record all examination results in the detainee's medical file. | Meets Standard | Guidelines on the initial medical evaluation of a hunger striker include all the bulleted items listed in this component. Weight and vital signs are taken once every 24 hours. Other indicated laboratory tests are conducted as ordered by the physician. All examination results are documented in the detainee's medical record. |
| 6. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment. If the detainee will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form. Any detainee refusing medical treatment will be monitored by medical staff to evaluate whether the hunger strike poses a risk to the detainee's life or permanent health. | Meets Standard | Policy requires the detainee to be informed of all procedures and treatments. If the detainee refuses them, he is asked to sign a refusal form. If the detainee refuses to sign the form, two staff witnesses must note this on the form and then sign and date the form. Per the HSA, any detainee refusing medical treatment will be housed in the medical housing unit and monitored by medical staff to determine if there is a risk to the detainee's life or permanent health. |



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| STANDARD 4.2. HUNGER STRIKES (Key: U) | | |
|---|---|---|
| This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. After the hunger strike, medical staff shall provide appropriate medical and mental health follow-up care. Only the clinical medical authority may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record. A notation will be made in the detention file when the detainee has ended the hunger strike. | Meets Standard | This component was rated Does Not Meet Standard during the previous annual inspection due to a review of medical records of detainees who were on hunger strike indicating there was no discharge or release from the hunger strike by the clinical medical authority noted in the medical records. Also, there was no notation made to the detention files as to the release from the hunger strike. Per review, documentation is now consistently made for discharge or release from the hunger strike by the clinical medical authority in the medical record and a notation is made to the detention files. Only the clinical medical authority may order the detainee's release from treatment. Per review of medical records of detainees who were on hunger strike during this inspection period this practice was confirmed. Per policy and practice, medical personnel provide appropriate medical and mental health care follow-up. |
| 8. After consultation with the clinical medical authority, the facility administrator may require staff to measure and record food and water intake and output until terminated by the clinical medical authority. An IHSC Hunger Strike Form or equivalent must be used. | Meets Standard | The CCA Medical Housing Record is used to record food and water intake and output during the hunger strike, as directed by the OIC in consultation with the clinical medical authority. The CCA officer assigned to the medical housing unit makes notations to the form during the detainee hunger strike. |



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2018-ICLI-00023 6369

| STANDARD 4.2. HUNGER STRIKES (Key: U) | | |
|---|---|---|
| This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 9. Unless otherwise directed by the medical authority, staff physically deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers. | Does Not Meet Standard | Personnel are required to deliver three meals per day to the detainee's cell and complete applicable documentation, regardless of the detainee's response to verbal offers of a meal. Per review of documentation of hunger strikes, the documentation of three meals per day is not consistently completed. |
| 10. Provide an adequate supply of drinking water or other beverages. | Meets Standard | Policy requires staff members to provide an adequate supply of drinking water and other beverages and to record the hunger striker's fluid intake on the hunger strike form. |
| 11. Remove from the detainee's room all food items not authorized by the clinical medical authority. | Meets Standard | All food items are removed from the hunger striker's cell. Hunger striking detainees are not permitted to order commissary food items. |
| 12. Before involuntary medical treatment is administered, staff shall make reasonable efforts to educate and encourage him or her to accept treatment voluntarily. Involuntary medical treatment shall be administered in accordance with established guidelines and applicable laws and only after the clinical medical authority determines the detainee's life or health is at risk. | Meets Standard | A hunger-striking detainee is provided counseling regarding the risks of a hunger strike and is encouraged to accept treatment voluntarily; counseling is documented in the detainee's medical record. In the event that involuntary medical treatment is required, it will be provided in accordance with established guidelines and applicable laws, and only after the clinical medical authority determines the detainee's life or health is at risk. |

**STANDARD 4.2. HUNGER STRIKES – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

During the initial referral, medical personnel document the reasons for placing a detainee in a single occupancy observation room. This decision is reviewed every 72 hours. Medical personnel make the decision concerning appropriate housing placement when food and liquid intake/output is measured.

During the initial medical evaluation and management, medical personnel monitor the health of a detainee on a hunger strike. If a detainee engaging in a hunger strike has been previously diagnosed with a mental health condition, or is incapable



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**STANDARD 4.2. HUNGER STRIKES – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

of giving informed consent due to age or illness, appropriate medical/administrative action is taken in the best interest of the detainee. Only qualified medical personnel modify or augment standard treatment protocols.

Detainees refusing to accept treatment are counseled by medical personnel regarding the medical risks associated with refusal of treatment. When clinical assessment and laboratory results indicate the detainee's weakening condition threatens the life or long-term health of the detainee, a physician recommends involuntary treatment. ICE is notified if a detainee is refusing treatment, and informed of any plans or the need for involuntary treatment. ICE would be contacted for any detainee who requires involuntary treatment so that a transfer can be initiated to a more appropriate facility. Medical personnel continue to monitor clinical and laboratory findings as necessary until the detainee's life or health is out of danger and continue to provide medical and mental health follow-up as needed.

Written policy, procedures and practice for the identification and management of hunger strikers are in place. Policy requires completion of a medical examination and mental health evaluation when a detainee has refused food for 72 hours. Policy, procedures and training documentation indicated that facility personnel are appropriately trained on responding to and managing hunger strikers.

There have been nine hunger strikes at the facility since the last inspection. There were two active hunger strikes during this inspection: One hunger strike began on 04/12/2016, whereby a thirty-two year old Bangladesh male detainee went on hunger strike because of his desire to be released from custody. The detainee is now refusing medical assessments and has been on the hunger strike for fifteen days. The detainee is housed in the medical housing unit and continues to be visually monitored by medical personnel. Per the OIC, the facility and ICE are in the process of obtaining a court order for involuntary treatment in accordance with established guidelines and laws. The second hunger strike began on 04/17/2016, whereby a twenty-seven year old Israeli male detainee went on a hunger strike because of his desire to return to his country. The detainee has not been consistently refusing medical assessments which were ordered for vital sign checks every eight hours. Per review of medical record documentation, assessments and vitals have been completed at least once every 24 hours. The detainee has been on hunger strike for ten days and continues to be monitored by medical personnel.

A review of selected medical records for all other ended hunger strikes reflected the detainees were appropriately managed with respect to medical and mental health care and the requirements of the standard. Documentation in the medical records was accurate, timely and appropriate. Evaluation of this standard was based on a review of policy, interviews with staff, a review of training records and a review of medical records.

**Overall Rating:** Meets Standard

| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) | **Completion Date:** 4/28/2016 |
|---|---|

**Reviewer Signature (for printed form submission):**

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Every facility shall directly or contractually provide its detainee population:<br>• Initial medical, mental health, and dental screening,<br>• Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services<br>• Comprehensive, routine and preventive health care, as medically indicated<br>• Emergency care, Specialty health care,<br>• Timely responses, Mental health care,<br>• Hospitalization as needed within the local community, and<br>• Staff or professional language services necessary for detainees with limited English proficiency during any medical or mental health appointment, sick call, treatment, or consultation | Meets Standard | All health care services are provided by ICE Health Service Corps (IHSC) employees or contractors to the detainee population. The services provided meet all bulleted items of the component. Policy and review of detainee medical records confirmed that practice includes the provision and documentation of an initial health screening prior to the detainee's placement in a housing unit. Timely routine and emergent medical, dental and mental health care are provided on site as well as through service agreements with local community hospitals. |
| 2. A designated health services administrator (HSA) or equivalent in non-IHSC staffed detention facilities shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The HSA is a physician or health care professional and shall be identified to detainees. When the HSA is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority. In no event should clinical decisions be made by non-clinicians. | Meets Standard | The health services administrator (HSA) has overall responsibility for health care at this facility per job description. Final clinical judgment rests with the clinical medical authority/physician. Clinical decisions are not made by non-clinicians. |

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 3. PRIORITY: All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually, identifies the positions needed to perform the required services. | Meets Standard | Staffing is sufficient to meet the health services mission, consistent with this standard. Medical services are provided by IHSC staff and contract personnel. Medical coverage is provided 24 hours a day, seven days a week. Medical personnel include the health services administrator (HSA), assistant HSA (AHSA) a physician, one nurse supervisor, thirteen registered nurses (RNs), four mid-level practitioners, eleven licensed practical nurses (LPNs), six medical records technicians, two administrative assistants, one pharmacist and two pharmacy technicians. Two full-time dentists and two dental assistants provide dental care. Mental health care is provided by three full-time licensed clinical social workers on site and one contract psychiatrist via telemedicine two days per week as well as on call services. The physician and mental health providers provide on call services when not at the facility.The staffing plan describes the positions and is reviewed annually by the HSA. |
| 4. PRIORITY: All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders. | Meets Standard | Per review of credentialing documentation, health care personnel are appropriately licensed or certified and licenses are verified. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job description or lawful orders. |



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2018-ICLI-00023 6373

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 5. The facility administrator, in collaboration with the clinical medical authority and HSA, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission. | Meets Standard | The facility has written agreements for hospital and specialty care that cannot be provided on site by the health services unit with Midtown Medical Center, Southwest Georgia Regional Hospital, St Francis Hospital and Phoebe Putney Memorial. Policy establishes procedures for the transport of detainees to outside emergency or other medical services. |
| 6. PRIORITY: Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies.<br>Plans shall include:<br>• Coordination with public health authorities;<br>• Ongoing education for staff and detainees;<br>• Control, treatment and prevention strategies;<br>• Protection of individual confidentiality;<br>• Media relations;<br>• Procedures for the identification, surveillance, immunization, follow-up and isolation of patients;<br>• Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and<br>• Management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety. | Meets Standard | Written plans address the management of infectious and communicable diseases. The plans cover all of the bulleted requirements listed in this component. |


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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. PRIORITY: All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines. | Meets Standard | Intake procedures include symptomatic screening for TB as well as via a chest x-ray, as indicated, during intake and prior to being placed in general population housing. The screening is completed within twelve hours of arrival. A review of ICE detainee medical records confirmed this is established practice. |
| 8. Detainees with symptoms suggestive of TB, or with suspected or confirmed active TB disease based on clinical and/or laboratory findings, shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. Patients with suspected active TB shall remain in airborne infection isolation until determined by a qualified provider to be noncontagious in accordance with CDC guidelines. | Meets Standard | Detainees with symptoms suggestive of TB and those suspected or confirmed to have active TB disease are placed in a functional negative pressure isolation room until determined by a qualified provider to be noninfectious in accordance with CDC guidelines. The facility currently has four functional and certified airborne infection isolation rooms with negative pressure ventilation located within the medical department. |
| 9. For all confirmed and suspected active tuberculosis cases, designated medical staff shall report:<br>• All cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable laws<br>• All cases to the ICE HQ Epidemiology Unit within one working day.<br>• Any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the ICE HQ Epidemiology Unit | Meets Standard | All confirmed and suspected active TB cases are reported to local and/or state health departments and the ICE Epidemiology Unit within one working day by the designated infection control nurse. Notification would also be provided for any movement, including hospitalization, facility transfer or release/deportation of the patient. |
| 10. PRIORITY: Designated medical staff shall notify the ICE Epidemiology Unit of any varicella (e.g. herpes zoster [shingles], chicken pox) cases among ICE detainees and of any ICE detainees exposed to active varicella without a history of prior varicella or varicella immunization. | Meets Standard | Per the HSA, the designated infection control nurse reports to the ICE Epidemiology Unit all cases of varicella among ICE detainees and of any detainees exposed to active varicella without a history of prior varicella or varicella immunization. |



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2018-ICLI-00023 6375

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 11. Facilities must develop a plan to ensure the highest degree of confidentiality regarding HIV status and medical condition. | Meets Standard | The established plan ensures the highest degree of confidentiality regarding a detainee's HIV status and medical condition. |
| 12. When current symptoms are suggestive of HIV infection, clinical evaluation shall determine the medical need for isolation. | Meets Standard | The need to isolate detainees with HIV is determined by clinical evaluation. |
| 13. Each facility shall establish a plan to address exposure to blood-borne pathogens, including reporting. | Meets Standard | The facility has a comprehensive exposure control plan that addresses exposure to blood-borne pathogens and reporting requirements. |
| 14. The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained; access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees. | Meets Standard | Upon admission, detainees are provided a copy of the detainee handbook and a Medical Orientation and Health Information brochure which includes procedures for accessing health care services, sick call and the medical grievance process. The orientation video also addresses the required information. |
| 15. Detainees shall not be used for interpretation services during any medical or mental health service. Interpretation and translation services by other detainees shall only be provided in an emergency medical situation. | Meets Standard | Per the HSA and policy, detainees are not used for interpretation services during any medical or mental health service unless in an emergency medical situation. |
| 16. Facilities shall post signs in medical intake areas in the major languages spoken by the detainee population listing what language assistance is available during any medical or mental health treatment, diagnostic test, or evaluation. | Meets Standard | A tour of the medical intake screening area revealed posted signs listing language assistance available for any medical or mental health treatment, diagnostic test or evaluation. The medical department utilizes Interpretalk translation services, which were observed during the intake screening process. |
| 17. PRIORITY: Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainees' privacy. | Meets Standard | Per observation, health care interviews, examinations and procedures are conducted in designated exam or interview rooms in a manner that provides privacy for the detainees. |

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 18. A holding/waiting area shall be located in the medical facility that is under the direct supervision of custodial officers. A detainee toilet and drinking fountain shall be accessible from the holding/waiting area. | Meets Standard | A waiting area located in the medical unit is under constant supervision by an assigned detention officer. Detainees have access to a toilet and drinking water. |
| 19. Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit. | Meets Standard | The medical unit utilizes the IHSC electronic medical records system. Access is limited to medical staff members only. The computer system requires a Personal Identity Verification (PIV) card and access code for logging on. The electronic medical records require an additional user ID and password for access. Medical records are separate from detention records. |
| 20. If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, consideration shall be given to the detainee's age, gender, medical requirements and custody classification, and the following minimum standards shall be met:<br>• Physician at the facility or on call 24 hours per day;<br>• Qualified health care personnel on duty 24 hours per day when patients are present;<br>• All patients within sight or sound of a staff member;<br>• Medical housing record that is a separate and distinct section of the complete medical record; and<br>• Compliance with all established guidelines and applicable laws.<br>Facilities are expected to provide detainees in medical housing access to other services such as telephone, legal access and materials consistent with their medical condition. | Meets Standard | The medical department contains a medical housing unit (MHU), which is separate from other housing areas, where detainees are admitted for the reasons listed in the component. All the bulleted minimum standards are met. Detainees have access to telephone, legal services and outdoor and indoor recreation. There are five rooms in the MHU which includes four designated negative pressure isolation rooms and one designated room for suicide watch. |
| 21. Prior to placing a mentally ill detainee in medical housing, a determination shall be made by a medical or mental health professional that placement in medical housing is medically necessary. | Meets Standard | Per policy, mentally ill detainees are not placed in the isolation cell in the MHU until evaluated and deemed clinically appropriate by a medical or mental health professional. |

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 22. PRIORITY: Each facility shall have and comply with written policy and procedures for the management of pharmaceuticals that include procurement, inventory, prescription, dispensing, and secure storage and disposal of all prescription and nonprescription medicines. | Meets Standard | Written policy establishes procedures for the procurement, inventory, prescription, dispensing, secure storage and disposal of all medications. |
| 23. The facility administrator and HSA shall jointly approve any non-prescription medications that are available to detainees outside of health services and they shall jointly review the list annually at a minimum. | Meets Standard | The HSA and OIC approve non-prescription medications available from the commissary. The list is reviewed annually. |



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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 24. PRIORITY: Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.<br>The screening shall inquire into the following:<br>• Any past history of serious infectious or communicable illness, and any treatment or symptoms;<br>• Current illness and health problems, including communicable diseases;<br>• Pain assessment;<br>• Current and past medication;<br>• Allergies;<br>• Past surgical procedures;<br>• Symptoms of active TB or previous TB treatment;<br>• Dental problems;<br>• Use of alcohol and other drugs;<br>• Possibility of pregnancy;<br>• Other relevant health problems identified by the CMA responsible for screening inquiry;<br>• Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;<br>• History of suicide attempts or current suicidal/homicidal ideation or intent;<br>• Observation of body deformities and other physical abnormalities;<br>• A transgender detainee's gender self-identification and history of transition-related care, when a detainee self-identifies as transgender;<br>• Past hospitalizations;<br>• Chronic illness (including, but not limited to, hypertension and diabetes);<br>• Dietary needs; and<br>• Any history of physical or sexual victimization and when the incident occurred. | Meets Standard | Initial medical, dental and mental health screening is performed by nursing personnel during intake. As confirmed per review of ICE detainee medical records and observations, the screening addresses all of the bulleted items listed in this component and is completed within twelve hours of the detainee's arrival. |
| 25. If screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information. | N/A | All medical and mental health intake screenings are completed by nursing staff. |



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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 26. PRIORITY: Any detainee indicating a known acute or emergent medical condition or demonstrating a clinically significant finding as a result of initial screening shall be evaluated by a qualified, licensed health care provider as quickly as possible, but in no later than two working days. | Meets Standard | Nurses conducting the medical screenings will evaluate a detainee with an acute or emergent medical concern. Per the HSA those detainees identified will be seen by a mid-level provider or the physician as quickly as possible. |
| 27. PRIORITY: If at any time during the screening process there is an indication of need, or request for, mental health services, the HSA must be notified within 24 hours. The clinical medical authority, HSA, or other qualified licensed health care provider shall ensure a full mental health evaluation if indicated. If a detainee discloses a history of sexual victimization or abuse during a medical or mental health intake screening, whether it occurred in an institutional setting or in the community, a referral to a qualified, licensed healthcare provider shall be made immediately. | Meets Standard | Per policy and practice, detainees requesting or having a need for mental health services, as identified during intake mental health screening, are immediately referred for a mental health evaluation by the psychologist and the HSA is notified. The mental health evaluation is completed within 24 hours. Per the HSA, detainees who present a history of sexual victimization or abuse during the intake process are immediately referred to a qualified health care provider. |
| 28. All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented. | Meets Standard | Policies require documentation of the initial health screening and assessment. Completed screenings and assessments become a part of the detainees' electronic medical records. Review of detainee medical records verified this is established practice. |
| 29. PRIORITY: Upon completion of the in-processing health screening form, the detention officer shall immediately notify medical staff when one or more positive responses are documented. Medical staff will then assess the priority for treatment (for example, Urgent, Today, or Routine). | N/A | Health screenings are performed by nursing personnel who are able to immediately assess the priority for treatment. |



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2018-ICLI-00023 6380

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 30. PRIORITY: Limited-English proficient detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities.<br>Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service. | Meets Standard | Per the HSA, non-English speaking detainees will be provided interpretation or translation by utilizing bilingual staff members or Interpretalk services. Deaf or hard of hearing detainees will be provided interpretation or translation services as needed. TTY phone service is available for the hearing impaired. |
| 31. The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification. | Meets Standard | Written guidelines have been established for the evaluation and treatment of detainees who require detoxification. |
| 32. PRIORITY: Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition. If such documentation exists of such a health assessment within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by physician) or other healthcare provider permitted by law. | Meets Standard | Per review of ICE detainee medical records, physical assessments are conducted by the physician, a mid-level provider or a trained RN within fourteen days of the detainee's arrival. Any physical assessments conducted by an RN are reviewed and signed by the physician. As confirmed per review of documentation, RNs conducting physical examinations have been trained to do so by the physician. |
| 33. A detainee's request to see a health care provider of a particular gender is accommodated, whenever possible. Otherwise, detainees are provided same sex chaperones if requested. | Meets Standard | Whenever possible, a detainee requesting evaluation by a health care provider of a specific gender is accommodated. When accommodations cannot be made, same gender chaperones are provided. |


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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 34. PRIORITY: Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee's medical record. Where medical staff furthermore determine the condition to be serious enough to require medical clearance of the detainee prior to transfer or removal, medical staff also place a medical hold on the detainee using the Medical/Psychiatric Alert form (IHSC-834) or equivalent, which serves to prevent ICE from transferring or removing the detainee without the prior clearance of medical staff at the facility. The facility administrator receives notice of all medical/psychiatric alerts or holds, and notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred. | Meets Standard | Medical record review documented use of medical/psychiatric alert and hold forms in the medical record. The AFOD receives notice of any alerts/holds via email. |
| 35. PRIORITY: The facility performs mental health intake screening, as well as mental health evaluations based on screening results, the comprehensive health assessment, medical documentation, or subsequent observations, that include prior history of mental health treatment, medications, drug use, suicidal tendencies, and abuse, observations of current physical and intellectual condition, and recommendations for any appropriate medical or custodial treatment.<br>Detainees are appropriately referred to a mental health provider for diagnosis, treatment, and/or intervention, and transferred to licensed mental health facilities where detainee mental health needs exceed the capabilities of the facility. | Meets Standard | Nursing staff conduct mental health screenings for all arriving detainees during intake procedures. When indicated by the screening result, a comprehensive mental health evaluation that includes all of the items listed in this component is performed. Referrals and/or transfers are made when clinically indicated. When the detainee's mental health needs exceed the facility's capabilities, the detainees are transported to a licensed mental health facility. |
| 36. PRIORITY: Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary no later than 72 hours after the referral, or sooner if necessary.<br>The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee's mental illness or developmental disability needs exceed the treatment capability of the facility. | Meets Standard | Per policy, any detainee referred for mental health treatment will receive a comprehensive evaluation by a licensed mental health provider as soon as possible but not later than 72 hours after the referral. A treatment plan will be developed by the provider in conjunction with the detainee. The plan may consider transfer to a mental health facility if the detainee's mental health or disability needs exceed the capabilities of the medical unit. |

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 37. Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage. | Meets Standard | Per the HSA, any detainee receiving psychiatric medications is regularly evaluated by a duly licensed medical professional on a monthly basis to ensure proper treatment and dosage. |
| 38. The facility has a mental health staffing component on call to respond to the needs of the detainee population 24 hours a day, seven days a week. | Meets Standard | Per the HSA and review of staffing plan, three licensed clinical social workers are on staff full time at the facility and on call to respond to the needs of the detainee population when not at the facility. In addition, a contract psychiatrist is on call through telemedicine. |
| 39. The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee. | Meets Standard | Per policy and the HSA, the clinical medical authority may place a detainee at high risk for violent behavior in isolation because of a mental health condition. Medical personnel conduct daily assessments of the need for continued isolation for the health and safety of the detainee. |
| 40. PRIORITY: The facility shall have written procedures for restraints for medical or mental health purposes that specify:<br>• The conditions under which restraints may be applied;<br>• The types of restraints to be used;<br>• The proper use, application, and monitoring of restraints;<br>• Requirements for documentation, including efforts to use less restrictive alternatives; and<br>• After-incident review. | Meets Standard | Written procedures for restraints for medical or mental health purposes address all of the bulleted items in this component. |



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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 41. PRIORITY: Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. Absent declared medical emergency, before psychotropic medication is involuntarily administered, it is required that the HSA contact ERO Management, who shall contact respective DHS/ICE Chief Counsel.<br>The authorizing physician shall:<br>• Review the medical record of the detainee and conduct a medical examination;<br>• Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication;<br>• Specify the medication to be administered, the dosage, and the possible side effects of the medication;<br>• Document that less restrictive intervention options have been exercised without success;<br>• Detail how the medication is to be administered;<br>• Monitor the detainee for adverse reactions and side effects; and<br>• Prepare treatment plans for less restrictive alternatives as soon as possible. | Meets Standard | Policy and procedures for the involuntary administration of psychotropic medications address all of the bulleted requirements in this component. Any such administration would occur only pursuant to the specific, written and detailed authorization of a physician. The HSA or his designee would contact ICE prior to administration of treatment. |
| 42. A detainee that is in ICE custody for over a year continuously shall receive health examinations on an annual basis. Detainees shall have access to age and gender appropriate exams annually, including rescreening for tuberculosis. | Meets Standard | Policy requires detainees housed in the facility for over a year to receive an annual physical assessment, TB testing as well appropriate age and gender examinations. Per the HSA, detainees are automatically scheduled for their annual physical eleven months from the date their initial physical assessment is completed. A review of medical records confirmed this procedure. |



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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 43. An initial dental screening exam shall be performed within 14 days of the detainee's arrival.<br>• Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection.<br>• Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six (6) months. Dental exams and treatment are provided only by licensed dental personnel. | Meets Standard | An initial dental screening examination is performed by a dentist during physical examinations which are completed within fourteen days of admission. Routine dental care and treatment is available onsite, by licensed dental personnel. Emergency dental treatment is provided to relieve pain and acute dental issues. Routine dental treatment is provided to detainees who are in custody for over six months. |
| 44. PRIORITY: Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.<br>This procedure shall include:<br>• Clearly written policies and procedures;<br>• Sick call process will be communicated in writing and verbally to detainees during their orientation;<br>• Regularly scheduled "sick call" times will be established and communicated to detainees;<br>• All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately.<br>All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call. | Meets Standard | The sick call procedures allow detainees the unrestricted opportunity to request health care services, and include all the bulleted items. All detainees, including those in special management units, have access to sick call. |
| 45. If the procedure uses a written request slip, they shall be provided in English and the most common languages spoken by the detainee population of that facility. Limited-English proficient detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed or other assistance as needed to complete a request slip. | N/A | Request slips are not utilized. Interpretation/ translation services are provided when required. |



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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 46. Medical personnel shall review the request slips and determine when the detainee will be seen based on acuity of the problem. All facilities shall maintain a permanent record of all sick call requests. | Meets Standard | Request slips are not utilized at this facility. A sick call signup sheet is completed in the morning by nursing staff in each unit and maintained in the sick call log located in the medical records office. Sick call is held face-to-face with an RN seven days a week. Triage is completed and medical services are provided at the time of sick call. Each patient encounter is documented in the detainee's electronic medical record. |
| 47. PRIORITY: Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.<br>A plan shall be prepared in consultation with the facility's clinical medical authority or the HSA. The plan will include the following:<br>• An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day;<br>• A list of telephone numbers for local ambulances and hospital services available to all staff;<br>• An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff;<br>• All detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually;<br>• Security procedures that ensure the immediate transfer of detainees for emergency medical care. | Meets Standard | The facility has 24-hour medical coverage. Medical personnel provide emergency medical, dental and mental health services. The written plan for the delivery of 24-hour emergency health care includes procedures for summoning and response by medical staff, the provision of emergency treatment on site and ambulance transport to a hospital emergency room if clinically indicated. The physician provides on-call services when not at the facility and his telephone number is available to medical personnel. All facility personnel receive first aid training annually and are certified in CPR and AED use. AED's are available for use and are maintained at the facility. Security procedures for the immediate emergency transport of detainees when clinically indicated are in place. |



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2018-ICLI-00023 6386

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 48. PRIORITY: Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes:<br>• Responding to health-related situations within four (4) minutes;<br>• Recognizing of signs of potential health emergencies and the required responses;<br>• Administering first aid, AED and cardiopulmonary resuscitation (CPR);<br>• Obtaining emergency medical assistance through the facility plan and its required procedures;<br>• Recognizing signs and symptoms of mental illness and suicide risk;<br>• The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. | Meets Standard | Policy requires employees to respond to health related situations within four minutes. The review of training records and training plans confirmed that all employees receive annual training that addresses all bulleted items of the component. |
| 49. The designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits. | Meets Standard | Per policy and practice, the HSA and OIC determine the contents, number, location, use protocols and procedures for monthly inspections of first aid kits. Per observation, first aid kits are located throughout the facility and documentation of monthly inspections was current. |
| 50. Distribution of medication (including over the counter) shall be in accordance with specific instructions and procedures established by the HSA in consultation with the CMA. Written records of all medication given to or refused by detainees shall be maintained. Detainees may not deliver or administer medications to other detainees. | Meets Standard | Medications are distributed by medical personnel in accordance with procedures established by the HSA and clinical director. Medication administration records (MAR) are utilized to document medications given to detainees. Per review of detainee medical records this is established practice. Detainees do not deliver or administer medications to other detainees. |


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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 51. If prescribed medication must be delivered at a specific time when medical staff is not on duty, it may only be distributed by detention officers who have received proper training by the HSA or designee, where it is permitted by state law to do so.<br>The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority. | N/A | Medications are distributed by qualified medical personnel only. |
| 52. Qualified health care personnel shall provide detainees health education and wellness information. | Meets Standard | A Medical Orientation and Health Information brochure is provided during intake which addresses health education and wellness information. The Staying Healthy brochure and Dealing With Stress brochure are also provided during the physical assessment. Health education and wellness information is provided by qualified medical personnel during each encounter. |
| 53. The clinical medical authority for each facility must have a plan to notify ICE in writing of any detainee with special needs. The written notification must become part of the detainee's health record file. | Meets Standard | Utilizing IHSC Form 819, the HSA provides ICE personnel with written notification of any detainee with special needs. The completed notification becomes part of the detainee's electronic medical record. |
| 54. Consistent with the IHSC Detainee Covered Services Package, detainees are provided medical prosthetic devices or other impairment aids, such as eyeglasses, hearing aids, or wheelchairs, except when such provisions would impact the security or safety of the facility. | Meets Standard | Per the HSA, detainees are provided medical prosthetic devices or other impairment aids consistent with the IHSC Detainee Covered Services Package, except when such provisions would impact the security or safety of the facility. |
| 55. PRIORITY: When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate qualified licensed health care provider, in consultation with the patient, with periodic review. | Meets Standard | Per policy, detainees who require close medical supervision are enrolled in a chronic care clinic. The detainee is evaluated by the physician, with periodic follow up as needed. A written treatment plan is developed in consultation with the detainee. |



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2018-ICLI-00023 6388

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 56. Transgender detainees who were already receiving hormone therapy when taken into ICE custody shall have continued access. All transgender detainees shall have access to mental health care, and other transgender-related health care and medication based on medical need. Treatment shall follow accepted guidelines regarding medically necessary transition-related care. | Meets Standard | Per policy, transgender detainees who were receiving hormone therapy prior to admission will have continued access. Detainees will have access to mental health care and other transgender-related health care and medication based on medical need. Per the HSA, there are currently no transgender detainees housed at this facility. |
| 57. The facility HSA must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status.<br>Upon transfer to another facility, the medical provider shall ensure that the detainee's full medical record and at least 7 day (or, in the case of TB medications, 15 day; and HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee. Upon release from ICE custody, the detainee shall receive up to a 30 day supply of medication as ordered by the prescribing authority and a copy of his complete medical record. | Meets Standard | This component was rated Does Not Meet Standard during the previous annual inspection due to a copy of the detainee's full medical record not being transferred with the detainee to an IGSA facility, nor is a complete copy provided at the time of his release. A waiver signed by Jay M. Brooks, Deputy Assistant Director, dated 07/14/15, has been obtained by the facility. A transfer summary or discharge plan is developed for a detainee who is being transferred or discharged. If the detainee is being transferred to another IHSC facility, the medical record is available at the new facility. Otherwise, only a transfer summary or discharge plan is sent with the detainee (and not the medical record - waiver), as well as required medications. |



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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 58. PRIORITY: Documented informed consent, consistent with standards of the jurisdiction, is obtained from a detainee before medical treatment is administered. If a detainee refuses consent to treatment, medical staff explain the medical risks if treatment is declined and document their efforts in the detainee's medical record. | Meets Standard | A review of ICE detainee medical records confirmed that detainees sign a consent for treatment form during the initial intake screening. When a detainee refuses to consent, medical personnel are required to document the refusal in the medical record and to explain the risks if treatment is declined. Consents and refusals are scanned into the electronic medical record. |
| 59. If a detainee refuses treatment and the clinical medical authority or designee determines that the treatment is necessary, ICE/ERO shall be consulted in determining whether involuntary treatment shall be pursued.<br>Involuntary treatment is a decision made only by medical staff under strict legal restrictions. Prior to any contemplated action involving non-emergent involuntary medical treatment, DHS / ICE respective Chief Counsel will be consulted. | Meets Standard | Per policy and the HSA, if a detainee refuses a treatment that is medically necessary, ICE will be consulted prior to any contemplated action involving involuntary medical treatment. Involuntary treatment is a decision made only by medical professionals under strict legal restrictions. |
| 60. PRIORITY: The HSA shall maintain a complete health record on each detainee that is:<br>• Organized uniformly in accordance with appropriate accrediting body standards;<br>• Available to all practitioners and used by them for health care documentation;<br>• Properly maintained and safeguarded in a securely locked area within the medical unit separately from other detention records. | Meets Standard | The medical unit utilizes the IHSC electronic medical records system. A complete medical record is maintained on each detainee. The records are organized and are restricted for use by medical practitioners for health care documentation. Access to medical records is user ID and password protected. |
| 61. All medical providers, as well as detention officers and staff, shall protect the privacy of detainees' medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary. | Meets Standard | Medical personnel and detention officers receive training on the Health Insurance Portability and Accountability Act (HIPAA), which addresses the confidentiality of medical records. Access to the electronic medical records is user ID and password protected and is limited to medical personnel. |

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 62. The HSA shall provide the facility administrator and designated staff information that is necessary:<br>• To preserve the health and safety of the detainee, other detainees, staff, or any other person.<br>• For administrative and detention decisions such as housing, voluntary work assignments, security, and transport.<br>• For management purposes such as audits and inspections. | Meets Standard | On a need-to-know basis, medical personnel provide the OIC and other staff with information needed for the reasons listed in this component. |
| 63. Copies of health records shall be released by the HSA directly to a detainee or their designee, at no cost to the detainee, within a reasonable timeframe after receipt by the HSA of a written authorization from the detainee. | Meets Standard | A detainee may request a copy of his medical records by completing an Authorization for Release of Health Information form. Medical records are released directly to a detainee or their designee by the HSA at no cost and within a reasonable time frame. |
| 64. Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/ERO, or the facility administrator, shall provide limited-English proficient detainees and detainees who are deaf or hard of hearing with interpretation or translation services or other assistance as needed to make the written request and assist in transmitting the request to the facility HSA. | Meets Standard | Detainees are provided copies of their medical records upon written request. Translation services via Interpretalk will be provided as needed in making the written request. Detainees who are deaf or hard of hearing will also be provided assistance as needed. |
| 65. PRIORITY: The HSA shall be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer, release, or removal. | Meets Standard | Per the HSA, the medical unit is given advance notice prior to the release, transfer, or removal of a detainee to ensure that the detainee's medical needs associated with the transfer, release, or removal are addressed. |



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2018-ICLI-00023 6391

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 66. PRIORITY: Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred. Those detainees who are currently placed in a medical hold status are evaluated and cleared by a licensed independent practitioner prior to transfer or removal. In addition, the CMA or designee informs the facility administrator in writing if the detainee's medical or psychiatric condition requires a medical escort during transfer or removal. | Meets Standard | Per policy and the HSA, medical personnel notify the facility administrator in writing of any detainee medical or psychiatric alerts or holds. The OIC makes notification to ICE/ERO. Detainees placed on a hold status are evaluated and cleared by a licensed independent practitioner prior to release or transfer. The OIC is also notified if the detainee's condition requires a medical escort. |
| 67. When a detainee is transferred within the ICE Health Service Corps (IHSC) system, ICE ensures that:<br>• Form USM-553, or equivalent Medical Transfer Summary, and a copy of the detainee's full medical record accompanies the detainee; and<br>• The full medical record is placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."<br>When a detainee is transferred to an IGSA detention facility, the sending facility ensures that the Transfer Summary accompanies the detainee. A copy of the full medical record accompanies each detainee during transfer unless extenuating circumstances make this impossible, in which case the full medical record follows as soon as practicable. | Meets Standard | This component was rated Does Not Meet Standard during the previous annual inspection due to a full copy of the medical record not being sent with the detainee when the detainee was transferred to a non-IHSC facility. A waiver signed by Jay M. Brooks, Deputy Assistant Director, dated 07/14/15, has been obtained by the facility. The medical unit is an IHSC unit. When a detainee is transferred within the IHSC system, his medical record is available electronically at the new location. A transfer summary is prepared and accompanies the detainee. Any paper records are sealed in an opaque envelope and labeled appropriately. When a detainee is transferred to an IGSA facility, a full copy of the medical record is not sent with the detainee (waiver). The transfer summary is sent with the detainee. |



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2018-ICLI-00023 6392

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 68. Detainees released or removed from detention receive a discharge treatment plan to ensure continuity of care, full copy of their medical record, medication and referrals to community-based providers as medically appropriate. | Meets Standard | This component was rated Does Not Meet Standard during the previous annual inspection due to detainees not routinely receiving a full copy of their medical record upon release. Per policy review, the facility now has in place a local operating procedure (LOP 838) to ensure a detainee is provided a full copy of their medical record upon request when being released. This practice was confirmed by the AHSA. A detainee released from ICE custody receives a discharge treatment plan for continuity of care, medication and referrals to community-based providers as necessary. |
| 69. Detainees will not participate in medical, pharmaceutical or cosmetic research while under the care of ICE detention facilities. This does not preclude the use of approved clinical trials that may be warranted for a specific detainee's diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent. | Meets Standard | Per policy, detainees at this facility do not participate in medical, pharmaceutical or cosmetic research. Only pharmaceuticals on the approved formulary are prescribed. This does not preclude the use of approved clinical trials, provided that the procedure and/or treatment have prior approval from the IHSC Medical Director. Documented informed consent is also required. |
| 70. PRIORITY: The HSA shall implement a system of internal review and quality assurance that includes data analysis, a multidisciplinary committee with regular monitoring of health service outcomes, and assessment of ongoing education and training needs. | Meets Standard | The medical unit has a comprehensive quality improvement program. The program includes a multidisciplinary committee and internal audits of systems, clinical outcome studies and process studies. The program also includes assessment of education and training needs. |


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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 71. The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least annually. | Meets Standard | Per policy, intra-organizational clinical performance enhancement/external peer review is conducted annually for all independently licensed medical professionals. This activity is scheduled by the HSA. |

**STANDARD 4.3. MEDICAL CARE – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

When TB treatment is indicated, multi-drug therapy is administered using directly observed therapy (DOT). There is a written plan to address the management of Hepatitis A, B, and C and HIV. Detainees may request Hepatitis and HIV testing at any time. Medical personnel provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines. Detainees with active tuberculosis are evaluated for possible HIV infection. New HIV-positive diagnoses are reported to government bodies according to state and local laws and requirements. The HSA is responsible for ensuring that all applicable state requirements are met.

Pharmaceutical management policy includes a formulary, obtaining non-formulary medications, prescription practices, perpetual inventories, medication administration error reports, training and storage in a secure area, i.e., secure perimeter, limited access, solid walls from floor to ceiling and a solid ceiling, and solid door with high security lock. Mental health evaluations and screening include the reason for referral, mental health history, drug/alcohol use history, suicide attempts, current suicidal/homicidal ideation, medication, intellectual functioning, and history of abuse, pertinent physical condition and treatment recommendations.

The emergency medical services plan includes provisions for expedited entrance to and exit from the facility. Non-medical personnel contact medical personnel when questioning the need for emergency care.

Detainees who arrive with prescribed medications or who report being on such medications, are evaluated by a qualified health care professional as soon as possible but not later than 24 hours after arrival and provisions are made to secure medically necessary medications. Detainee health education and wellness information is provided per the standard and observed during the medical record review and medical department observations. Detainee treatment questions are answered by medical personnel. Laboratory results are made available to detainees post transfer or release.

Detainees request an independent health examination by submitting a written request to the FOD. The cost of the exam is at the detainee's expense.

The facility provides timely access to medical, dental and mental health services through appropriately trained and/or licensed medical personnel for routine care and chronic and emergency conditions. Medical personnel are on site 24 hours a day, seven days a week. Per review of ICE detainee medical records, medical intake screenings are consistently completed timely. The detainee medical record review indicated the fourteen-day physical examinations and assessments are consistently completed within the required timeframe. Detainees requesting sick call appointments received appropriate medical care in a timely manner. Tuberculosis screening is completed on all detainees during the intake process. The facility has four negative airflow/respiratory isolation rooms located in the medical department. Written medical treatment consent is consistently obtained prior to treatment. Detainees with chronic illnesses are medically monitored and provided appropriate medical treatment. Prescription medication is provided by pharmacy staff. Medications are distributed by nursing staff. The facility has a current Clinical Laboratory Improvement Amendment (CLIA) waiver for limited on-site testing. All

| STANDARD 4.3. MEDICAL CARE – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| needed health care not available on site is provided through the use of community healthcare providers and services. ICE is notified if the medical condition of a detainee already housed in the facility deteriorates and requires a level of medical care beyond the capabilities of this facility. Policy ensures that detainees have access to a continuum of health care services. Wellness counseling and health education are provided.<br><br>The facility has current accreditations from the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). An inspection of the housing units, medical unit, and the facility overall reflected a positive environment, clean conditions, and no issues being noted with the conditions of confinement. Random interviews with ICE detainees indicated overall understanding of all processes for attaining health care and confidence in the provision of health care at this facility. Interviews reflected no significant problems or issues with access, care or follow-up; the interviewed detainees were generally positive in regard to medical care. Evaluation of this standard was based on review of policies, lesson plans, training logs and monitoring forms and on interviews with detention and medical personnel. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 4.4. MEDICAL CARE (WOMEN) (Key: W) | | |
|---|---|---|
| This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: In addition to the medical, mental health, and dental services provided to every detainee as required by standard "4.3 Medical Care," the facility directly or contractually provides its female detainees with access to:<br>• Pregnancy services, including pregnancy testing, routine or specialized prenatal care, postpartum follow up, lactation services, and abortion services, as outlined herein;<br>• Counseling and assistance for pregnant women in keeping with their express desires in planning for their pregnancy, whether they desire abortion, adoptive services, or to keep the child;<br>• Mental health assessments for all detainees who have recently given birth, miscarried, or terminated a pregnancy; and<br>• Routine, age-appropriate, gynecological health care services, including women's specific preventive care. | N/A | This facility does not house female detainees. |
| 2. Within 12 hours of arrival, during their initial medical screening, all female detainees shall receive information on services related to women's health care as provided for in this standard and standard "4.3 Medical Care." | N/A | This facility does not house female detainees. |
| 3. If the initial medical intake screening indicates the possibility of pregnancy, recent sexual assault, violence or history of mental health illness, an initial health appraisal shall be completed as soon as possible, but no more than 24 hours after arrival. | N/A | This facility does not house female detainees. |



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| STANDARD 4.4. MEDICAL CARE (WOMEN) (Key: W) | | |
|---|---|---|
| This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 4. All initial health assessments of female detainees include a thorough evaluation and assessment of the reproductive system. In addition to the criteria listed on the health assessment form, the evaluation inquires about the following:<br>• Pregnancy testing and documented results;<br>• If the detainee is currently nursing (breastfeeding);<br>• Use of contraception;<br>• Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.);<br>• Menstrual cycle;<br>• History of breast and gynecological problems;<br>• Family history of breast and gynecological problems; and<br>• Any history of physical or sexual victimization and when the incident occurred.<br>A pelvic and breast examination, pap test, baseline mammography, and sexually transmitted disease (STD) screening are offered and provided as deemed appropriate or necessary by the medical provider. | N/A | This facility does not house female detainees. |
| 5. Female victims of sexual abuse are granted immediate access to emergency medical treatment and crisis intervention services. The facility provides access by giving detainees the current mailing addresses and telephone numbers, including toll-free hotline numbers, of local, state and/or national organizations that provide these services. | N/A | This facility does not house female detainees. |
| 6. Upon request, appropriately trained medical personnel within their scope of practice provide detainees with non-directive (impartial) advice and consultation about family planning and birth control, and where medically appropriate, prescribe and dispense birth control. | N/A | This facility does not house female detainees. |



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2018-ICLI-00023 6397

| STANDARD 4.4. MEDICAL CARE (WOMEN) (Key: W) | | |
|---|---|---|
| This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. PRIORITY: A pregnant woman or woman in post-delivery recuperation is not restrained absent truly extraordinary circumstances that render restraints absolutely necessary as documented by a supervisor or directed by the on-site medical authority. Restraints are never permitted on women who are in active labor or delivery. Restraints are not considered an option unless one or more of the following applies:<br>• A medical officer has directed the use of restraints for medical reasons;<br>• Credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others; or<br>• Reasonable grounds exist to believe the detainee presents and immediate and credible risk of escape that cannot be reasonably minimized through any other method. | N/A | This facility does not house female detainees. |
| 8. In the rare event that restraints are used, medical staff determine the safest method and duration for the use of restraints, and the least restrictive restraints necessary shall be used. No detainee known to be pregnant shall be restrained in a face-down position with four-point restraints, on her back, or in a restraint belt that constricts the area of the pregnancy. All attempts are made to ensure that the detainee is placed on her left side if she is immobilized. | N/A | This facility does not house female detainees. |

| STANDARD 4.4. MEDICAL CARE (WOMEN) – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>This facility does not house female detainees. | |
| **Overall Rating:** N/A | |
| **Reviewer Name (Printed)** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |



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| STANDARD 4.5. PERSONAL HYGIENE (Key: X) | | |
|---|---|---|
| This detention standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Each detention facility shall have a written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. | Meets Standard | Policy addresses the regular issuance and exchange of clothing, bedding, linens, towels and personal hygiene items. |
| 2. Clothing or shoes that are lost, unserviceable, indelibly stained, or bear offensive or otherwise unauthorized markings should be discarded and replaced as soon as practicable. | Meets Standard | |
| 3. All new detainees shall be issued clean, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during in-processing at no cost to the detainee. The standard issue of clothing is at least two uniform shirts and two pairs of uniform pants or two jumpsuits; two pairs of socks; two pairs of underwear; two brassieres, as appropriate; and one pair of facility-issued footwear. | Meets Standard | Detainee clothing is presentable, clean, temperature appropriate, size appropriate and issued during in-processing at no cost to the detainee. The standard issue of clothing is three uniform shirts and pants, five pairs of socks, five pairs of underwear and one pair of facility footwear. |
| 4. Each detainee assigned to a special work area shall be clothed in accordance with the requirements of the job and, when appropriate, provided protective clothing and equipment. | Meets Standard | |
| 5. Staff shall provide male and female detainees personal hygiene items appropriate for their gender, including at a minimum, one bar of bath soap (or equivalent), comb, tube of toothpaste, toothbrush, bottle of shampoo (or equivalent), container of skin lotion, and feminine hygiene items, and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment. | Meets Standard | All newly admitted detainees are issued gender-specific personal hygiene items during the intake process. The articles listed in this component are provided at no charge. Personal hygiene items are also routinely replenished at no charge. Hygiene items are not used as reward or withheld as punishment. |
| 6. Razors must be strictly controlled. Disposable razors will be provided to detainees on a daily basis. Razors will be issued and collected daily by staff. | Meets Standard | Disposable razors are distributed and collected by housing unit officers on a daily basis. |
| 7. Female detainees shall be issued and may retain feminine hygiene items as needed. | N/A | Female detainees are not housed in this facility. |
| 8. Detainees shall be provided an adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas. | Meets Standard | Each housing unit provides 24-hour access to toilet facilities sufficient in number to adequately serve the housing unit's maximum occupancy. |


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| STANDARD 4.5. PERSONAL HYGIENE (Key: X) | | |
|---|---|---|
| This detention standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 9. An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day. | Meets Standard | Each housing unit provides 24-hour access to an adequate number of washbasins with temperature-controlled hot and cold running water. |
| 10. Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices. | Meets Standard | The maintenance department energy management system has set shower water temperatures within the prescribed ranges specified in this component. The automated system registers alerts for deviations beyond these boundaries. |
| 11. Detainees with disabilities shall be provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity. | Meets Standard | Per policy and housing unit personnel, detainees identified with disabilities/special needs are provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the detainee can maintain dignity. |
| 12. PRIORITY: Detainees shall be provided with clean clothing, linen and towels on the following basis:<br>• A daily change of socks and undergarments. An additional exchange of undergarments shall be made available to detainees if necessary for health or sanitation reasons.<br>• At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes).<br>• At least weekly exchange of sheets, towels, and pillowcases.<br>• An additional exchange of bedding, linens, towels, or outer garments shall be made available to detainees if necessary for health or sanitation reasons, and more frequent exchanges of outer garments may be appropriate, especially in hot and humid climates. | Meets Standard | Detainees are provided clean clothing, linens and towels in accordance with the exchange schedules listed in this component. |

| STANDARD 4.5. PERSONAL HYGIENE – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |

| STANDARD 4.5. PERSONAL HYGIENE – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>Detainees are permitted freedom in personal grooming unless a valid safety, security or medical concern requires an exception that is fully justified and documented. Laundry schedules provide for the regular exchange of clothing, and bedding. Detainees can shower and maintain personal hygiene practices on a daily basis.<br><br>The facility issues clean clothing, bedding, linens and towels to each detainee upon admission. Review of policy, interviews with staff members and detainees and observation revealed that detainees are housed in a clean and sanitary environment. Each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels and personal hygiene items. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed)** (b)(6);(b)(7)(C) | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (Key: Y) | | |
|---|---|---|
| This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: The facility has a written suicide prevention and intervention program that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and Facility Administrator and reviewed annually.<br>At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include:<br>• Staff training,<br>• Identification,<br>• Referral,<br>• Evaluation,<br>• Treatment,<br>• Housing,<br>• Monitoring,<br>• Communication,<br>• Intervention,<br>• Notification and reporting,<br>• Review, and<br>• Debriefing. | Meets Standard | The written suicide prevention and intervention program is reviewed and approved by the clinical medical authority, the health services administrator (HSA) and the OIC. The program is reviewed annually and includes all of the bulleted items listed in this component. |
| 2. PRIORITY: All facility staff who interact with and/or are responsible for detainees are trained, during orientation and at least annually on the facility's Suicide Prevention and Intervention Program, to include:<br>• Why the environments of detention facilities are conducive to suicidal behavior,<br>• Standard first aid training, cardiopulmonary resuscitation (CPR) training and training in the use of emergency equipment,<br>• Liability issues associated with detainee suicide,<br>• Recognizing verbal and behavioral cues that indicate potential suicide,<br>• Demographic, cultural, and precipitating factors of suicidal behavior,<br>• Responding to suicidal and depressed detainees,<br>• Communication between correctional and health care personnel,<br>• Necessary referral procedures,<br>• Housing observation and suicide-watch procedures,<br>• Follow-up monitoring of detainees who have attempted suicide, and<br>• Reporting and written documentation procedures. | Meets Standard | All facility employees are trained during orientation and annually thereafter on the facility's suicide prevention and intervention program. The program includes all the bulleted items listed in this component. Contract staff and volunteers also receive training on this program. Training logs reviewed confirmed the provision of this training. |



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2018-ICLI-00023 6402

| STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (Key: Y) | | |
|---|---|---|
| This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 3. PRIORITY: Detainees who are identified as being "at risk" for significant self-harm or suicide shall immediately be referred to a mental health provider, who shall evaluate the detainee within 24 hours of the referral. | Meets Standard | Any detainee identified as being at risk for significant self-harm or suicide is immediately referred to a mental health provider. A qualified mental health provider evaluates the detainee within 24 hours of the referral. |
| 4. Evaluation by a mental health provider of detainees who are identified as being "at risk" for significant self-harm or suicide will be documented in the medical record and include:<br>• Relevant history,<br>• Environmental factors,<br>• Lethality of suicide plan,<br>• Psychological factors,<br>• A determination of level of suicide risk,<br>• Level of supervision needed,<br>• Referral/transfer for inpatient care (if needed),<br>• Instructions to medical staff for care, and<br>• Reassessment time frames. | Meets Standard | Evaluation of an at-risk detainee by a mental health provider includes all of the bulleted items listed in this component. The mental health provider completes an Electronic Smart Form to document the mental health evaluation in the detainee's medical record. |
| 5. Detainees who are placed on suicide watch are to be re-evaluated by appropriately trained and qualified medical staff on a daily basis and this re-evaluation is documented in the detainee's medical record. Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed. | Meets Standard | Detainees placed on suicide watch are evaluated on a daily basis by appropriately trained and qualified health care personnel. Only a licensed independent practitioner or a licensed mental health practitioner may terminate the suicide watch after a current suicide risk assessment is completed. |



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2018-ICLI-00023 6403

| STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (Key: Y) | | |
|---|---|---|
| This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 6. PRIORITY: Suicidal detainees should be closely supervised in a setting that minimizes opportunities for self-harm. The isolation room designed for evaluation and treatment must be free of objects or structural elements that could facilitate a suicide attempt, and security staff shall ensure that the area for suicide observation is initially inspected so that there are no objects that pose a threat to the detainee's safety. A suicidal detainee may be placed in the Special Management Unit only if space has been approved for this purpose by medical staff and such space allows for unobstructed observation. | Meets Standard | Detainees on suicide watch are housed in a single occupancy medical observation cell. There is currently one designated suicide watch cell located in the medical housing unit within the medical department. An inspection of the designated cell revealed that the cell is free of any structures or objects that could be used in a suicide attempt. Prior to the detainee being placed in this status, the cell is inspected by detention personnel to ensure there are no objects that could be used for self-harm. Per the HSA, suicidal detainees are not placed in the segregation unit. |
| 7. A detainee placed in a special isolation room designed for evaluation and treatment must receive continuous one-to-one monitoring, documented every 15 minutes or more frequently if necessary.<br>Detainees not placed in an isolated confinement setting must receive documented close observation at staggered intervals not to exceed 15 minutes. | Meets Standard | All detainees placed on suicide watch are housed in the designated isolation room for evaluation and receive continuous one-to-one monitoring, documented every fifteen minutes or more frequently if necessary. Per the HSA there were eleven detainees placed on suicide watch during the last twelve months. |
| 8. All detainees on suicide precautions are checked at least every 8 hours by clinical staff, and provided daily mental health treatment by a qualified clinician. | Meets Standard | Per policy, detainees on suicide precautions are checked at least every eight hours by clinical personnel and are provided daily mental health treatment. |
| 9. Detainees are provided suicide smocks to wear when medically indicated, and under circumstances are held without clothing. | Meets Standard | Per policy, detainees on suicide watch status are provided suicide smocks to wear. Under no circumstances are they held without clothing. |
| 10. Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel. | Meets Standard | Per policy and training, security personnel must initiate and continue appropriate life-saving techniques until relieved by medical personnel. |

| STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (Key: Y) | | |
|---|---|---|
| This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 11. In the event of a suicide attempt or a completed suicide, all appropriate ICE and IHSC officials shall be notified through the chain of command. The victim's family and appropriate outside authorities, as appropriate, shall also be immediately notified.<br>Medical staff shall complete an Incident Report Form within 24 hours. | Meets Standard | Policy and procedures ensure all appropriate ICE officials and outside authorities are notified through the chain of command in the event of a suicide attempt or completed suicide. The victim's family is notified by ICE. Medical personnel will complete an Incident Report form within 24 hours. Per the HSA, there have been no suicides or serious suicide attempts during the past twelve months. |
| 12. Every completed suicide shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees within 24 to 72 hours after the critical incident. | Meets Standard | Per policy, every completed suicide is subject to the mortality review process. Debriefing must be provided to all affected staff members and detainees within 24 to 72 hours following a critical incident. |

**STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Personnel are trained that the practice of "contracting for safety" is not used at the facility. When medical personnel determine that a detainee is at imminent risk of bodily injury, they may recommend hospitalization for the purposes of evaluation or treatment. After referral for evaluation and pending transfer, security personnel place the detainee in a secure environment in the HSU on a constant one-to-one visual observation.

Based on an evaluation, a mental health provider or trained medical personnel develop a documented treatment plan that is placed in the medical record. The treatment plan includes strategies and interventions to be followed by staff and the detainee if suicidal ideation reoccurs; strategies for improved functioning; and regular follow-up appointments based on level of acuity. When a staff member identifies someone who is at risk of significant self-harm or suicide, the detainee is placed on suicide precautions and is immediately referred to a qualified mental health professional.

Deprivations and restrictions placed on suicidal detainees are kept to a minimum. Any detainee who is believed to be in need of seclusion, and/or restraint due to self-harming or suicidal behavior is transferred to a psychiatric hospital, if deemed medically necessary to appropriately treat the needs of the detainee. After discharge from suicide watch, detainees are re-assessed by qualified medical staff members at intervals consistent with the level of acuity.

Per ICE, when transferred into ICE custody, ICE inquires into any known prior suicidal behaviors, and if identified, ICE ensures detainee safety pending medical provider evaluation. The physician is notified when the detainee is referred to the local hospital emergency room. In the event of a suicide attempt or completed suicide, all personnel who came into contact with the detainee before the incident submit statements including their knowledge of the detainee and the incident.

There have been no serious suicide attempts or suicides since the last inspection. Evaluation of the standard was based on review of policy, procedure, training curricula and training records and on staff interviews.

| STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed)** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

## STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness and advance directives, and provides specific guidance in the event of a detainee's death.

Standard N/A

**Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. When a detainee's medical condition becomes life-threatening, he/she is transferred to an appropriate off-site medical or community facility, if necessary. The facility's clinical medical authority or health services administrator immediately notifies the facility administrator and/or ICE/ERO Field Office Director (FOD) of the detainee's condition both verbally and in writing, describing the detainee's illness and prognosis. The facility administrator or designee immediately notifies ICE/ERO and IHSC. | Meets Standard | Per policy, when a detainee's medical condition decompensates to the point that appropriate care cannot be provided within the facility, the detainee will be transferred to an appropriate off-site medical facility. Policy also requires all of the notifications listed in this component. |
| 2. The FOD or designee shall immediately notify (or make reasonable efforts to notify) the detainee's next-of-kin of the medical condition and status, the detainee's location, and the visiting hours and rules at that location, in a language or manner which they can understand. | Meets Standard | Per policy and ICE staff, when a detainee becomes seriously or terminally ill, medical personnel notify the AFOD of the detainee's medical condition. ICE notifies the next of kin regarding the detainee's location and visiting restrictions in a comprehensible language or manner. |
| 3. Once a detainee is diagnosed as having a terminal illness or remaining life expectancy of less than one year, medical staff offer the detainee access to forms or other related materials on Advance Directives or Living Wills. When the detainee is at an off-site facility, that facility is expected to assist the detainee in completing an Advance Directive and/or Living Will.<br>All facilities shall use the State Advance Directive form (in which the facility is located) for implementing Living Wills and Advance Directives. | Meets Standard | Per policy, once a detainee is diagnosed as having a terminal illness or as having a remaining life expectancy of less than one year, detainees are offered access to state specific advance directive and living will forms. When the detainee is housed in an off-site facility, that facility is expected to assist the detainee in completing the forms. |
| 4. When the terms of the advanced directive must be implemented the medical professional overseeing the detainee's care will contact the appropriate ICE/ERO representative. | Meets Standard | Per policy, when the terms of an advance directive must be implemented, the health services administrator (HSA) will contact the AFOD or designee. |
| 5. Each facility holding detainees shall establish written policy and procedures governing DNR orders in accordance with the laws of the state in which the facility is located. | Meets Standard | There are written policies and procedures regarding do not resuscitate (DNR) orders. Policy requires compliance with Georgia state laws. |

## STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness and advance directives, and provides specific guidance in the event of a detainee's death.

Standard N/A

**Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 6. Health care will continue to be provided consistent with the DNR order. | Meets Standard | Per policy, health care consistent with the DNR order and short of resuscitation will continue to be provided. |
| 7. The detainee's medical file shall include documentation validating the DNR order. | Meets Standard | Per policy, the detainee's medical file would include documentation validating the DNR order. |
| 8. The facility shall follow written procedures for notifying attending medical staff of the DNR order. | Meets Standard | Written procedures for notifying the attending medical provider of the DNR order would be followed. |
| 9. The facility has procedures to address the issues of organ donation by detainees. | Meets Standard | Policy provides procedures and guidelines addressing organ donation by detainees. |
| 10. Each facility shall have written policy and procedures that are followed to notify ICE/ERO officials, next-of-kin, and consulate officials of a detainee's death while in custody. | Meets Standard | Written policy and procedures are followed for notifying appropriate ICE officials of a detainee's death. Per ICE staff, notification of the next of kin and consulate officials will be made by ICE. |
| 11. Within seven calendar days of the date of notification (in writing or in person), the family shall have the opportunity to claim the remains. | Meets Standard | Per ICE staff, the family shall have the opportunity to claim the detainee's remains within seven calendar days of the date of notification. |
| 12. If family members cannot be located or decline orally or in writing to claim the remains, ICE/ERO shall notify the consulate. | Meets Standard | Per ICE staff, if family members cannot be located or decline orally or in writing to claim the remains, ICE officials will notify the consulate. |
| 13. The facility administrator shall specify policy and procedures regarding responsibility for proper distribution of the death certificate. | Meets Standard | Per ICE staff, procedures and responsibility for proper distribution of the death certificate will be handled by ICE staff. |



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## STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness and advance directives, and provides specific guidance in the event of a detainee's death.

Standard N/A

**Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 14. The facility's written procedures for autopsies shall address, at a minimum:<br>• Contacting the local coroner or medical examiner, in accordance with established guidelines and applicable laws;<br>• Scheduling the autopsy;<br>• Identifying the person who will perform the autopsy;<br>• Obtaining the official death certificate, and<br>• Transporting the body to the coroner or medical examiner's office. | Meets Standard | Established policies and procedures address all of the bulleted items in this component. |
| 15. Medical staff shall arrange for the approved autopsy to be performed by the local coroner or medical examiner in accordance with established guidelines and applicable laws. | Meets Standard | Per policy and ICE, the HSA will work with ICE staff to arrange for the approved autopsy to be performed by the local coroner in accordance with established guidelines and appropriate laws. |

## STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

When a detainee is hospitalized, IHSC managed care and the HSA follow up on a daily basis to receive information about major developments. In conjunction with medical providers, ICE provides family members and any others as much opportunity for visitation as possible, in keeping with the safety, security and good order of the facility.

Advance directive guidelines include having a living will other than the generic form made available by medical staff; appointing another individual to make advance decisions for the detainee; and having a private attorney prepare the documents at the detainee's expense.

DNR policy complies with the following stipulations: A DNR order is written by the physician; it protects basic patient rights and complies with state requirements; a decision to withhold resuscitative services is considered only under specified conditions (the detainee has a terminal illness, the detainee has requested and signed the order, the decision is consistent with sound medical practice and is not in any way associated with any measures to hasten death); the medical file includes explicit directions regarding DNR forms and memoranda regarding diagnosis and prognosis, express wishes of the detainee, immediate family's wishes, consensual decisions and recommendations of medical professionals identified by name and title, mental competency evaluation and informed consent; a detainee with a DNR order receives all therapeutic efforts short of resuscitation; and the physician or HSA notifies the IHSC medical director and the ICE Office of Chief Counsel of the basic circumstances of any detainee with a DNR order.

Procedures for organ donation include: the organ recipient is an immediate family member; no blood or blood products are donated; all costs are at the expense of the detainee; the detainee signs a statement documenting his decision to donate the organ to a specific family member, his understanding of the risks, that the decision is undertaken without coercion or duress,

| STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| and that the government is not responsible for any resulting medical complications or financial obligations; medical staff assist in the preliminary medical evaluation and the facility coordinates arrangements for the donation.<br><br>ICE gives the property of deceased detainees to the next-of-kin within two weeks, unless it is being held as part of an investigation.<br><br>ICE may assist the family with transporting the remains to a location in the U.S. If neither family nor consulate claims the remains, ICE schedules an indigent's burial, after contacting the Department of Veterans Affairs to determine burial benefits. The chaplain may advise the OIC about religious considerations in remains disposition. ICE does not authorize cremation or donation of the remains for medical research. The original death certificate is sent to the person who claims the remains and a certified copy is placed in the A-file. While an autopsy decision is pending, no actions are taken that could affect the validity of the results. Per ICE, the FOD verifies and accommodates the detainee's religious preference prior to autopsy or embalming.<br><br>There were no deaths at the facility in the past year. Therefore, this inspector was unable to ascertain if the facility is in full compliance with the standard. Policy and procedure address terminal illness, advance directives, DNR orders, organ donation, death in custody, reporting requirements and disposition of the body. Evaluation of the standard was based on review of policy and procedure and on staff interviews. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |



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# *Section V: ACTIVITIES*

**Correspondence and Other Mail**
**Escorted Trips for Non-Medical Emergencies**
**Marriage Requests**
**Recreation**
**Religious Practices**
**Telephone Access**
**Visitation**
**Voluntary Work Program**

| STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL (Key: AA) | | |
|---|---|---|
| This detention standard ensures that detainees shall be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Each facility shall have written policy and procedures concerning detainee correspondence and other mail. | Meets Standard | Policy and the local handbook outline the rules and regulations governing detainee correspondence and other mail. |
| 2. PRIORITY: A detainee is considered "indigent" if he or she has less than $15.00 in his or her account. Indigent detainees will be permitted to mail a reasonable amount of mail each week at government expense, as determined by the ICE/ERO, including the following:<br>• An unlimited amount of special correspondence or legal mail, within reason.<br>• At least three pieces of general correspondence.<br>• Packages as deemed necessary by ICE.<br>Each facility shall have written procedures that explain how indigent detainees can request postage at government expense. | Meets Standard | ICE detainees are considered indigent if they have less than $15.00 in their commissary account. All the elements listed in this component are satisfied through policy and practice. |
| 3. The facility shall notify detainees of its rules on correspondence and other mail through the Detainee Handbook, or supplement, provided to each detainee upon admittance, and shall post those rules in each housing area. | Meets Standard | The rules on correspondence and other mail are outlined in the facility handbook. The handbook is provided to each detainee upon arrival. |
| 4. The facility shall provide key information to detainees in languages spoken by any significant portion of the facility's detainee population. | Meets Standard | Key information is provided to detainees in English and Spanish, the languages spoken by the majority of detainees held at the facility. |
| 5. PRIORITY: Detainee correspondence and other mail shall be delivered to the detainee and to the postal service on regular schedules.<br>• Incoming correspondence shall be distributed to detainees within 24 hours (one business day) of receipt by the facility.<br>• Outgoing correspondence shall be delivered to the postal service no later than the day after it is received by facility staff or placed by the detainee in a designated mail depository, excluding weekends and holidays. | Meets Standard | Incoming and outgoing mail service is provided each weekday within the timelines established by this component. |
| 6. All facilities shall implement procedures for the inspection of all incoming general correspondence and other mail (including packages and publications) for contraband in the presence of the detainee (unless otherwise authorized by the facility administrator). | Meets Standard | |


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| STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL (Key: AA) | | |
|---|---|---|
| This detention standard ensures that detainees shall be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. All facilities shall implement procedures for inspecting incoming special correspondence and legal mail for contraband in the presence of the detainee. Detainees shall sign a logbook upon receipt of special correspondence and/or legal mail to verify that the special correspondence or legal mail was opened in their presence. Incoming special correspondence and legal mail may not be read. | Meets Standard | Policy requires legal/special correspondence and other mail to be delivered to the detainee and then opened and inspected for contraband in the presence of the detainee. The detainee signs a logbook attesting to these actions. Incoming legal/special correspondence is not read. |
| 8. Outgoing special correspondence and legal mail shall not be opened, inspected, or read. | Meets Standard | |
| 9. All facilities shall implement policies and procedures addressing acceptable and non-acceptable mail. | Meets Standard | Policy and procedure address acceptable and non-acceptable mail and the processing thereof. |
| 10. When an officer finds an item that must be removed from a detainee's mail, he or she shall make a written record. | Meets Standard | |
| 11. Prohibited items discovered in the mail shall be handled as follows:<br>• A receipt shall be issued to the detainee for all cash, which shall be safeguarded and credited to the detainee's account in accordance with the Detention Standard on Funds and Personal Property.<br>• Identity documents, such as passports, birth certificates, etc., shall be placed in the detainee's A-file. Upon request, the detainee shall be provided with a copy of the document, certified by an ICE/ERO officer to be a true and correct copy. | Meets Standard | Policy and practice address the requirements of this component. |
| 12. The facility shall provide a postage allowance at government expense to all detainees, if the facility does not have a system for detainees to purchase stamps. | Meets Standard | Detainees may purchase postage through the commissary. |
| 13. The facility shall provide writing paper, envelopes, and writing implements at no cost to ICE detainees. | Meets Standard | |
| 14. All facilities shall have written policy and procedures regarding mail privileges for detainees housed in a Special Management Unit. | Meets Standard | Policy states that detainees in special management units have the same mail privileges as detainees housed in general population. |

| STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |



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2018-ICLI-00023 6413

| STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>The facility has written policy and procedures concerning detainee correspondence and other mail. The rules for correspondence and other mail, which are provided to detainees in the local handbook, address all information required by the standard. The correspondence rules are also posted in the housing units. The quantity of correspondence a detainee may send or receive at his own expense is not limited. Incoming priority mail, overnight mail, certified mail and deliveries from a private package service are recorded in a logbook.<br><br>Packages and publications are subject to certain restrictions. Detainees are not permitted to send or receive packages without the prior approval of the OIC. Detainees must pay postage for packages, unless deemed necessary by the OIC, which includes oversized or overweight mail. Inspection of the mail is for the purpose of detecting contraband and to maintain security. Incoming special correspondence is not read. Outgoing general correspondence is inspected if it is addressed to another detainee or there is reason to believe that it may present a threat to the facility or others. Rejected mail is considered contraband and is handled in accordance with the contraband standard. Detainees may appeal rejection of correspondence through the detainee grievance system. Upon approval of the OIC, soft contraband is returned to the sender. The mailroom officer insures that the records of the discovery and disposition of contraband are accurate and current. Correspondence to/from the news media is considered special correspondence if properly identified as such. Detainees may not receive compensation or anything of value for correspondence with the media and may not act as a reporter or publish under a byline.<br><br>The facility provides assistance to any detainee without legal representation who requests certain services in connection with a legal matter (notary public, certified mail, etc.) if the detainee has no family member, friend, or community organization able to provide assistance. When timely communication through the mail is not possible, a reasonable amount of communication by means of a facsimile device between the detainee and designated legal representative is permitted.<br><br>The evaluation of this standard included review of policy; observation of the mailroom and logs; and interviews with staff. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 04/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

## STANDARD 5.2. TRIPS FOR NON-MEDICAL EMERGENCIES (Key: AB)

This detention standard permits detainees to maintain ties with their families through emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.

Standard N/A

**Click the above button if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. On a case-by-case basis, and with approval of the respective Field Office Director, the facility administrator may allow a detainee, under ICE/ERO staff escort:<br>• To visit a critically ill member of his or her immediate family<br>• To attend an immediate-family member's funeral and/or wake<br>• To attend a family-related state court proceeding. | N/A | |
| 2. Facility staff assist detainees in preparing requests for non-medical emergency trip requests. The Field Office Director is the approving official for all non-medical escorted trips. | N/A | |
| 3. Escorts shall ensure that detainees with physical or mental disabilities are provided reasonable accommodations in accordance with security and safety concerns. | N/A | |

## STANDARD 5.2. TRIPS FOR NON-MEDICAL EMERGENCIES – Reviewer Summary

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

All detainee non-medical emergency escorted trips are handled by ICE

**Overall Rating:** N/A

**Reviewer Name (Printed)** (b)(6);(b)(7)(C) **Completion Date:** 4/28/2016

**Reviewer Signature (for printed form submission):**



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| STANDARD 5.3. MARRIAGE REQUESTS (Key: AC) | | |
|---|---|---|
| This detention standard ensures that each marriage request from an ICE/ERO detainee receives a case-by-case review, based on internal guidelines for approval of such requests. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. All facilities shall have in place written policy and procedures to enable eligible ICE/ERO detainees to marry. | Meets Standard | The facility follows the procedures outlined in the standard to enable detainees to marry when eligible. |
| 2. A detainee, or his or her legal representative, may submit the request for permission to marry to the facility administrator or Field Office Director in writing. | Meets Standard | The AFOD receives all detainee written requests for marriage. The requests can be submitted by the detainee or their legal representative. |
| 3. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis. | Meets Standard | The AFOD considers each detainee marriage request on a case-by-case basis. |
| 4. The facility administrator or designated Field Office staff shall notify the detainee in a timely manner of a time and place for the ceremony. | Meets Standard | |
| 5. Once the marriage has taken place, the facility administrator shall forward original copies of all documentation to the detainee's A-file and maintain copies in the facility's detention File. | Meets Standard | |

**STANDARD 5.3. MARRIAGE REQUESTS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of policy and interviews with the chaplain indicated that detainees are allowed the opportunity to marry and that requests are considered on a case-by-case basis. Detainees may seek legal assistance throughout the marriage application process. Guidelines for denying a detainee's marriage request includes the following: the detainee is not legally eligible to be married; the detainee is not mentally competent, as determined by a qualified medical practitioner; the intended spouse has not affirmed, in writing, his/her intent to marry the detainee; the marriage would present a threat to the security or orderly operation of the facility; or there are compelling government interests for denying the request. A detainee may file an appeal to the FOD if the request is denied. When a request is approved, the following guidelines are followed: the detainee, legal representative or other individual acting on the detainee's behalf will make all the marriage arrangements, including, but not limited to blood tests, obtaining marriage license, and retaining an official to perform the marriage ceremony. ICE personnel do not participate in making marriage arrangements nor serve as witnesses in the ceremony. The marriage does not interrupt nor stay any hearing, transfer to another facility or removal from the United States. Transfers do not occur solely to prevent a marriage. All arrangements are consistent with the security and orderly operation of the facility according to the following stipulations: the ceremony takes place inside the facility; all expenses relating to the marriage are borne by the detainee or person acting on the detainee's behalf; and the ceremony is private with no media publicity and only individuals essential for the marriage ceremony attend. The OIC has the right of final approval concerning the time, place and manner of all arrangements.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):** (b)(6);(b)(7)(C) **Completion Date:** 4/28/2016

**Reviewer Signature (for printed form submission):**

| STANDARD 5.4. RECREATION (Key: AD) | | |
|---|---|---|
| This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The facility provides an indoor recreation program. | Meets Standard | |
| 2. The facility provides an outdoor recreation program. | Meets Standard | The facility uses three outdoor recreation yards, an outdoor gymnasium and a soccer field to provide outdoor recreation. |
| 3. PRIORITY: If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, weather permitting. Detainees shall have access to clothing appropriate for weather conditions. If only indoor recreation is available, detainees shall have access for at least one hour each day to a large recreation room with exercise equipment and access to natural sunlight. All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities. | Meets Standard | Detainees have access to four hours of outdoor recreation daily, at a reasonable time of day, weather permitting. Detainees using the housing unit's outdoor recreation areas are provided access to drinking water and toilet facilities. Detainees are issued coats for cold weather conditions. |
| 4. If a detainee is housed for more than 10 days in a facility that provides neither indoor nor outdoor recreation, he or she may be eligible for a voluntary transfer to a facility that does provide recreation.<br>Likewise, if a detainee is housed for more than three months in a facility that provides only indoor recreation, he or she may be eligible for a voluntary transfer to a facility that also provides outdoor recreation. | Meets Standard | The facility provides indoor and outdoor recreation. |
| 5. PRIORITY: All facilities shall have an individual responsible for the development and oversight of the recreation program. Every facility with a rated capacity of 350 or more detainees shall employ a full-time recreation specialist with special training in implementing and overseeing a recreation program, who assesses the needs and interests of the detainees. | Meets Standard | The facility employs two trained, full time, recreation specialists who are responsible for the development and oversight of the recreation program. There are also five recreation officer posts responsible for the supervision of recreation activities. |
| 6. All facilities shall provide recreational opportunities for detainees with disabilities. | Meets Standard | |
| 7. Exercise areas shall offer a variety of equipment. Weight training, if offered, must be limited to fixed equipment. Free weights are prohibited. | Meets Standard | Outdoor activities include basketball, volleyball, pull-up bars and soccer. Free weights are prohibited in all recreation areas. |
| 8. Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable. | Meets Standard | Outdoor recreation is provided to all detainees. |



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| STANDARD 5.4. RECREATION (Key: AD) | | |
|---|---|---|
| This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 9. PRIORITY: Dayrooms in general population housing units shall offer board games, television, and other sedentary activities. Detention personnel shall supervise dayroom activities, distributing games and other recreation materials daily. | Meets Standard | Board games, playing cards, PS3 video games, DVDs, leisure reading and televisions are available in the housing unit dayrooms. Officers are responsible for the supervision of these activities and for distributing recreation materials daily. |
| 10. Recreational activities shall be based on the facility's size and location. With the facility administrator's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, and table games, and may extend to intramural competitions among units. | Meets Standard | Limited contact sports such as basketball, volleyball and soccer are available. Intramural competitions such as soccer and volleyball tournaments are provided. |
| 11. Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices to maintain contact with the Control Center. | Meets Standard | |
| 12. PRIORITY: Recreation for detainees housed in the SMU shall be separate from the general population. Detainees in the SMU for administrative reasons shall be offered at least one hour of exercise opportunities per day, seven days a week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of recreation per day, five days per week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather-appropriate equipment and attire. | Meets Standard | All detainees housed in the special management unit are offered at least one hour of recreation outside of their cell and outdoors when practicable, seven days a week, weather permitting. The ten, individual recreation areas are separate from the general population and are scheduled at a reasonable time of day. The outdoor recreation areas are covered and detainees are provided jackets as needed. In the event that climate conditions necessitate the cancellation of outdoor recreation, detainees are allowed to participate in passive recreation indoor. |
| 13. Each detainee in a Special Management Unit (SMU) shall be offered access to exercise opportunities and equipment outside the living area and outdoors, when practicable, unless documented security, safety or medical considerations dictate otherwise. | Meets Standard | Detainees are allowed access to recreation daily unless otherwise documented for security and or medical considerations. |

| STANDARD 5.4. RECREATION (Key: AD) | | |
|---|---|---|
| This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 14. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a written report of the action is forwarded to the facility administrator. Denial of recreation must be evaluated daily by a shift supervisor. | Meets Standard | Although policy allows for the denial of recreation privileges to be used as a disciplinary sanction, the practice at this facility is that it is seldom used. If used, a written report of the action is forwarded to the OIC and the denial is evaluated daily by a shift supervisor. |
| 15. When recreation privileges are suspended, the disciplinary panel or facility administrator shall provide the detainee written notification, documentation of the reason for the suspension, any conditions that must be met before restoration of privileges, and the duration of the suspension provided the requisite conditions are met for its restoration. | Meets Standard | |
| 16. The case of a detainee denied recreation privileges shall be reviewed at least once each week as part of the reviews required for all detainees in SMU status. | Meets Standard | Policy requires that the case of a detainee's denial of recreation privileges be reviewed weekly during the SMU review meeting. |
| 17. Denial of recreation privileges for more than 7 days requires the concurrence of the facility administrator and a health care professional. | Meets Standard | |
| 18. The facility shall notify the ICE/ERO Field Office in writing when a detainee's denied recreation privileges exceeds 7 days. | Meets Standard | |

**STANDARD 5.4. RECREATION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of policy, interviews with recreation personnel, and inspection of the recreation facilities indicated that detainees have access to indoor and outdoor recreational activities, within the restraints of safety, security and good order. Recreation schedules are posted in the housing units. Observations verified that detention and/or recreation personnel search recreation areas before and after use to detect altered or damaged equipment, hidden contraband and potential security breaches. They also issued all portable equipment and check each item for damage and general condition upon its return. Detainees were permitted to engage in independent recreation activities such as board games and small group activities, consistent with the safety, security and orderly operation of the facility. The handbook included the established facility policy concerning television viewing in the dayrooms.

**Overall Rating:** Meets Standard

**Reviewer Name (Print** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016

**Reviewer Signature (for printed form submission):**

| STANDARD 5.5. RELIGIOUS PRACTICES (Key: AE) | | |
|---|---|---|
| This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Detainees have opportunities to engage in practices of their religious faiths (including observance of important holy days, observance of special diets, and use of personal religious property) consistent with safety, security, and the orderly operation of the facility. Attendance at all religious activities is voluntary. | Meets Standard | Detainees participate in the practices of their religious faiths including the observance of holy days, accommodation of special religious diets, and the use of personal religious property as approved by the chaplain. Attendance at religious functions is voluntary. |
| 2. Efforts shall be made to allow for religious practice in a manner that does not adversely affect detainees not participating in the practice. Detainees cannot be required to participate in or attend a religious activity in order to receive a service of the facility or participate in other, nonreligious activities. | Meets Standard | |
| 3. Religious activities shall be open to the entire detainee population, without discrimination based on a detainee's race, ethnicity, religion, national origin, gender, sexual orientation, or disability.<br>Accommodations will be provided to residents who have limited English proficiency, or who are deaf or hard of hearing, to ensure their access to services should they wish to participate. | Meets Standard | Religious activities are open to the entire population. The facility provides opportunities for religious observances in Spanish and English which are the major languages spoken by the detainee population. The facility has not encountered providing services for deaf or hard of hearing detainees, but the chaplain stated that sign language interpretation service would be sought as needed. |
| 4. Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance. | Meets Standard | There have been no limitations or discontinuance of any religious practice at this facility. |
| 5. PRIORITY: A facility religious services coordinator manages and coordinates religious activities for detainees, which are augmented and enhanced by community clergy, contractors, volunteers, and groups that provide individual and group assembly religious services and counseling that the facility religious services coordinator cannot personally deliver. | Meets Standard | Approximately 42 volunteers from the local community assist the facility chaplain in providing individual and group religious services and counseling. |
| 6. The chaplain or other religious coordinator shall have physical access to all areas of the facility to serve detainees. | Meets Standard | |



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2018-ICLI-00023 6420

| STANDARD 5.5. RELIGIOUS PRACTICES (Key: AE) | | |
|---|---|---|
| This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. All facilities shall designate adequate space for religious activities that is sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably. | Meets Standard | Religious services are held in the facility's dining room for low and medium low security detainees, and in one of the multipurpose rooms for medium high and high security detainees. |
| 8. The chaplain or religious services coordinator shall not ordinarily schedule religious services to conflict with meal times. | Meets Standard | |
| 9. When recruiting citizen volunteers, the chaplain or religious services coordinator and other staff shall be cognizant of the need for representation from all cultural and socioeconomic parts of the community. | Meets Standard | |
| 10. Detainees who are members of faiths not represented by clergy may conduct their own services, provided they do not interfere with facility operations. | Meets Standard | Detainees who are members of faiths not represented by clergy are allowed to conduct their own services provided a staff member is supervising the gathering. |
| 11. If requested by a detainee, the chaplain or religious services coordinator or designee shall facilitate arrangements for pastoral visits by a clergyperson or representative of the detainee's faith. | Meets Standard | |
| 12. Detainees may make a request for the introduction of a new component to the Religious Services program (e.g. schedule, meeting time and space, religious items and attire) to the chaplain. The chaplain or religious services coordinator may ask the detainee to provide additional information to use in deciding whether to include the practice. | Meets Standard | |
| 13. Each facility shall have written policy and procedures to facilitate detainee observance of important holy days, consistent with maintaining safety, security and orderly operations, and the chaplain shall work with detainees to accommodate proper observances. | Meets Standard | Written policy outlines the procedures for the proper observance of religious holy days. The chaplains work closely with detainees to accommodate their religious needs. |



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2018-ICLI-00023 6421

| STANDARD 5.5. RELIGIOUS PRACTICES (Key: AE) | | |
|---|---|---|
| This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 14. Each facility administrator shall allow detainees access to personal religious property, both during religious services and throughout the facility, as is consistent with safety, security and orderly operation of the facility. | Meets Standard | Personal religious property that can be retained by detainees includes, but is not limited to; rosaries, soft cover religious texts, prayer beads, prayer rugs, headgear and shawls. Any other request would be reviewed by the chaplain and approved within the constraints of safety and security of the facility. |
| 15. When a detainee's religion requires special food services, daily or during certain holy days or periods that involve fasting, restricted diets, etc., staff shall make all reasonable efforts to accommodate those requirements (for example, modifying the detainee's menus to exclude certain foods or food combinations, or providing the detainee's meals at unusual hours). | Meets Standard | Food service accommodates detainees' dietary religious needs through special religious diets and/or menu modifications of serving meals at unusual hours. |
| 16. The chaplain or religious services coordinator shall develop the religious fast schedule for the calendar year and provide it to the facility administrator or designee. | Meets Standard | The chaplain has developed a fast schedule for the calendar year and has provided it to the FSD. |

**STANDARD 5.5. RELIGIOUS PRACTICES – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Policy allows for religious services to be provided to detainees through the facility chaplain and the use of community volunteers. Volunteers were scrutinized as to their theological qualifications and required to pass a background investigation to be eligible for participation within the program. Detainees were provided with reasonable and equitable opportunities to participate in the practices of their faith. Interviews with the chaplain and a review of policy indicated that the religious needs of detainees were appropriately addressed. The chaplain supervises a variety of community volunteers to assist in conducting religious services. The facility requires volunteers submit to a background check and provide credentials or documentation attesting to the individual's religious affiliation. All volunteers are required to attend a facility orientation. During intake each detainee is allowed to designate a religious preference or no religious affiliation. Policy allows detainees to request to change his religious preference designation at any time by notifying the chaplain. The chaplain monitors patterns of changes in declarations of religious preference. Detainees whose files show "No Preference" may be restricted from participation in those activities deemed appropriate for members only.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)** (b)(6);(b)(7)(C) [redacted] **Completion Date:** 4/28/2016

**Reviewer Signature (for printed form submission):**

| STANDARD 5.6. TELEPHONE ACCESS (Key: AF) | | |
|---|---|---|
| This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. To ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees. | Meets Standard | |
| 2. PRIORITY: Each facility shall ensure that detainees have access to reasonably priced telephone services. Contracts for such services shall comply with all applicable state and federal regulations and be based on rates and surcharges commensurate with those charged to the general public. Any variations shall reflect actual costs associated with the provision of services in a detention setting. | Meets Standard | Detainee telephone service is provided through a legal contract with SECURUS which complies with all state and federal regulations. The rates for both domestic and international calls are commensurate with those for the general public. |
| 3. Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. Facility staff shall notify detainees and the ICE/ERO free legal service providers of procedures for reporting problems with telephones. | Meets Standard | The facility maintains detainee telephones in proper working order. The housing unit officer checks the telephones on every shift. The ICE officer checks the telephones every week. During the inspection, all telephones were operational. Telephone repair logs are maintained. |
| 4. Facility staff is responsible for ensuring on a daily basis that telephone systems are operational and that the free telephone number list is posted. Any problems identified must immediately be logged and reported to the appropriate facility and ICE staff personnel. | Meets Standard | |
| 5. Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall include a recorded message on its phone system stating that all telephone calls are subject to monitoring. At each monitored telephone, place a notice that states that detainee calls are subject to monitoring. A detainee's call to a court, a legal representative, OIG, or CRCL, or for the purposes of obtaining legal representation, may not be electronically monitored. | Meets Standard | Written policy governs the monitoring of detainee telephone calls. Notice of monitoring is in the facility handbook and is posted on the wall next to the telephones. A recorded message advises that calls may be monitored each time a call is placed. Legal and special access calls are not monitored. |
| 6. Each facility shall provide telephone access rules in writing to each detainee upon admission, and shall post these rules and telephone access hours where detainees may easily see them, in Spanish and other languages spoken by significant segments of the limited English proficient population where practicable. Updated telephone and consulate lists, along with a list of card and calling rates, shall be posted in the detainee housing units. Translation and interpretation services shall be provided as needed. | Meets Standard | All of the elements of this component are satisfied via policy and practice. |

| STANDARD 5.6. TELEPHONE ACCESS (Key: AF) | | |
|---|---|---|
| This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. Each facility administrator shall establish and oversee rules and procedures that provide detainees reasonable and equitable access to telephones during established facility "waking hours." | Meets Standard | Detainee telephones are available from 5:00 a.m. until 11:00 p.m., Sunday thru Thursday and from 5:00 a.m. until 1:00 a.m. on Friday and Saturday. |
| 8. Detainees are afforded a reasonable degree of privacy for legal phone calls. | Meets Standard | |
| 9. A procedure exists to assist a detainee who is having trouble placing a confidential call. | Meets Standard | A staff member assists with confidential calls upon request. |
| 10. The facility provides the detainees with the ability to make non-collect (special access) calls, as well as international calls. | Meets Standard | |
| 11. Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals required by the standard. Updated lists need to be posted in the detainee housing units. | Meets Standard | The telephone service is not limited to collect calls. Direct pre-paid calls may be made as desired. Up-to-date free call lists are posted by all telephones. |
| 12. If detainees are required to complete request forms to make direct or free calls, facility staff must assist them as needed, especially illiterate or non-English speaking detainees. | Meets Standard | Detainees are not required to complete request forms for direct or free calls; staff assistance is available if needed. |
| 13. PRIORITY: All detainees are able to call their consulate, the DHS Office of the Inspector General, the ICE/OPR Joint Intake Center, and any organization on the ICE/ERO-provided list of free legal service providers at no charge to the detainee or receiving party. The FOD will ensure that all information is kept current and provided to each facility. Updated contact lists are posted in the detainee housing units.<br>Indigent detainees are afforded the same telephone access and privileges as detainees in the general population. The indigent detainee may also request a free call to immediate family or others in personal or family emergencies or for a compelling need (to be interpreted liberally). | Meets Standard | Detainees are able to access their consulate and the OIG, and any organization on the ICE/ERO-provided list of free legal service providers, at no charge to the detainee or the receiving party. Updated contact lists are posted in the housing units. Indigent detainees are afforded the same telephone access and privileges as other detainees and may also request a free call to immediate family or others. This inspector was able to contact the OIG on the second day of the inspection using a detainee telephone in a housing unit. An automated answering system gave instructions to leave a message. |



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2018-ICLI-00023 6424

| STANDARD 5.6. TELEPHONE ACCESS (Key: AF) | | |
|---|---|---|
| This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 14. A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. | Meets Standard | |
| 15. The facility has a system for taking and delivering emergency detainee telephone messages. | Meets Standard | The detainee handbook addresses outgoing emergency calls. Incoming emergency calls are handled by the on-duty supervisor. Messages are delivered without delay and detainees are given the opportunity to return calls immediately if warranted. |
| 16. The facility shall take and deliver telephone messages to detainees as promptly as possible. When facility staff receive an emergency telephone call for a detainee, the caller's name and telephone number will be obtained and promptly given to the detainee. The detainee shall be permitted to promptly return the emergency call at their own cost within the constraints of security and safety. The facility shall enable indigent detainees to make a free return emergency call. | Meets Standard | |
| 17. The facility shall provide a TTY device or Accessible Telephone (telephones equipped with volume control and telephones that are hearing-aid compatible for detainees who are deaf or hard of hearing). Detainees who are hard of hearing will be provided access to the TTY on the same terms as hearing detainees.<br>Accommodations shall also be made for detainees with speech disabilities. | Meets Standard | Accommodations are made for detainees who are hard of hearing and/or have a speech disability. A TTY device is available and provided to detainees with special needs upon request. |
| 18. Even where telephone access is reasonably restricted for detainees in Special Management Units, detainees and their legal counsel shall nevertheless be accommodated in order for them to be able to communicate effectively with each other. Telephone access for legal calls, courts, government offices (including the DHS OIG and the DHS JIC) and embassies or consulates shall not be denied. | Meets Standard | Telephone access for legal resources, government offices and consulates is not restricted for detainees in the special management unit. |
| 19. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process. Even in Disciplinary Segregation, however, detainees shall have some access for special purposes. | Meets Standard | |



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2018-ICLI-00023 6425

| STANDARD 5.6. TELEPHONE ACCESS (Key: AF) | | |
|---|---|---|
| This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 20. Generally, detainees in administrative segregation should receive the same telephone privileges that are available to detainees in the general population, subject to any safety and security considerations that may exist. | Meets Standard | Detainees in administrative segregation enjoy the same general telephone privileges as those in general population. |
| 21. Upon a detainee's request, facility staff shall make special arrangements to permit the detainee to speak by telephone with an immediate family member detained in another facility. | Meets Standard | |

| STANDARD 5.6. TELEPHONE ACCESS – Reviewer Summary | |
|---|---|
| *(Use following format for dates: mm/dd/yyyy)* | |
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>Telephone access is handled in accordance with this standard. ICE/ERO staff test phones for detainees at least weekly to verify serviceability. They also make random calls to pre-programmed numbers for attorney and consulate services; interview a sampling of detainees regarding telephone services and review written detainee complaints regarding telephones.<br><br>The interstate rate for collect calls is $0.25 per minute; the rate for pre-paid collect interstate calls is $0.21 per minute; and the pre-paid calling card interstate rate is $0.21 per minute. These rates are commensurate with rates charged to the general public. There is a posting in the housing unit in English and Spanish listing the calling rates.<br><br>Evaluation of this standard included reviewing policy, procedures, and the local handbook; interviewing staff; and making a telephone call to the OIG hot line from a housing unit telephone. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 5.7. VISITATION (Key: AG) | | |
|---|---|---|
| This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. There is a written visitation procedure, schedule, and hours for general visitation. | Meets Standard | Visitation procedures, hours and schedules are addressed in the detainee handbook. They are also posted in the entrance lobby. |
| 2. Each facility administrator shall decide whether to permit contact visits, as is appropriate for the facility's physical plant and detainee population. | Meets Standard | Only non-contact visits are permitted. |
| 3. A facility administrator may temporarily restrict visiting when necessary to ensure the security and good order of the facility. Each restriction or denial of visits shall be documented in writing, including the duration of and reasons for the restriction. | Meets Standard | Policy dictates that the OIC may restrict detainee visitation for a specified period of time for reasons of security or to preserve good order. All such restrictions must be documented and the cause and duration of the restriction referenced. |
| 4. Each facility shall:<br>• Make the schedule and procedures available to the public, both in written form and telephonically.<br>• Post that information in the visitor waiting area in English, Spanish, and, where practicable, other major languages spoken in the facility, as well as in each housing unit where detainees can easily see them. | Meets Standard | |
| 5. PRIORITY: General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order. | Meets Standard | General visitation is permitted from 9:00 a.m. to 4:00 p.m., seven days a week, including holidays. The minimum duration for a visit is one hour. Policy and procedures address all the requirements listed in this component. |
| 6. Each facility shall maintain a log of all general visitors, and a separate log of legal visitors. | Meets Standard | Separate sign-in logs are maintained for general and legal visitors. |
| 7. If the facility establishes and maintains a dress code for visitors, it shall be made available to the public. | Meets Standard | Visitor dress codes are posted in the visitor waiting area. |
| 8. The facility's visiting areas shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable. | Meets Standard | |

| STANDARD 5.7. VISITATION (Key: AG) | | |
|---|---|---|
| This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 9. PRIORITY: The facility's written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances. | Meets Standard | Written rules allow one hour visits. Special consideration is given to family circumstances and individuals who have traveled long distances. |
| 10. Facilities should have provisions to allow for contact or non-contact visitation with minor children, stepchildren and foster children. Facilities that allow visitations by minor children, stepchildren and foster children should try to facilitate contact visitation when possible. Facilities should allow detainees to see their minor children as soon as possible after admission. Generous time allotments for visitation with minor children are recommended. At facilities where there is no provision for visits by minors, ICE arranges for visits by children, stepchildren, and foster children on request, within the first 30 days. | Meets Standard | Minors are permitted to visit if accompanied by an adult. The OIC may permit a contact visit when a request is submitted in advance. |
| 11. Written procedures shall detail the limits and conditions of contact visits in facilities permitting them. | Meets Standard | |
| 12. While in administrative or disciplinary segregation status, a detainee ordinarily retains visiting privileges. | Meets Standard | |
| 13. PRIORITY: Legal visitation is available seven (7) days a week, including holidays. Legal visitation hours provide for a minimum of eight (8) hours per day on regular business days, and a minimum of four (4) hours per day on weekends and holidays. | Meets Standard | Legal visitation is permitted from 8:00 a.m. to 5:00 p.m. weekdays and from 3:30 p.m. to 7:30 p.m. on Saturdays, Sundays and holidays. |
| 14. Private consultation rooms are available for meetings with legal representatives or legal assistants. There is a mechanism for the detainee and his/her legal representative or assistant to exchange documents, even when contact visitation rooms are unavailable. | Meets Standard | There are three private consultation rooms available for legal consultations. There is a mechanism for the detainee to exchange documents with the legal representative or legal assistants. |
| 15. Legal representatives and assistants are subject to a non-intrusive search - such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband. | Meets Standard | Legal visitors must clear a walk-through metal detector and their property is searched. |
| 16. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas. | Meets Standard | |
| 17. Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees. Facilities will notify and seek approval from ICE ERO of any proposed law enforcement officer visit with a detainee. | Meets Standard | Per policy, these requests are referred to ICE for approval. |

| STANDARD 5.7. VISITATION (Key: AG) | | |
|---|---|---|
| This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 18. Former ICE/ERO detainees, individuals with criminal records and individuals in deportation proceedings shall not be automatically excluded from visiting. Individuals in any of these categories must so notify the facility administrator before registering for visitation privileges. | Meets Standard | |

**STANDARD 5.7. VISITATION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Visitation is provided in accordance with this standard. The facility maintains separate visitors' logs for social, legal and professional visits. Each log contains the name and alien-registration number (A-number) of the detainee visited, the visitor's name and address, the visitor's immigration status, the visitor's relationship to the detainee and the date, time in and time out. The facility has written procedures regarding incoming property and money for detainees during visitation. Staff verifies each adult visitor's identity before admitting him or her to the facility. Interpreters are allowed to accompany legal representatives.

Messengers (who are not legal representatives or legal assistants) are permitted to deliver documents to and from the facility, but not to visit detainees. Legal representatives must present a state bar card and proper identification such as a driver's license. The logs include the reason(s) for denying access. There have been no denials of visits during the previous twelve months. Written procedures provide for legal representatives and assistants to contact ICE in advance of a visit to determine where a particular individual is detained. The procedures also include guidelines for pre-representation meetings.

Procedures are in place that liberally allow the opportunity for consultation visitation for detainees subject to expedited removal in accordance with this standard. These visits are conducted in person or by telephone similar to legal visits. Detainees are permitted to receive visits by representatives of community service organizations, including civic, religious, cultural, therapeutic, and other groups. All visitors are required to comply with visitation rules.

Established procedures govern whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property.

During the evaluation of this standard, procedures and the handbook were reviewed; legal visiting rooms were inspected; social visiting areas were observed; and employees and detainees were interviewed.

**Overall Rating:** Meets Standards

**Reviewer Name (Print)** (b)(6);(b)(7)(C) [redacted] **Completion Date:** 4/28/2016

**Reviewer Signature (for printed form submission):**

## STANDARD 5.8. VOLUNTARY WORK PROGRAM (Key: AH)

This detention standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order of the facility. While not legally required to do so, ICE/ERO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Standard N/A

**Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. Detainees who are physically and mentally able to work shall be provided the opportunity to participate in a voluntary work program. | Meets Standard | Policy requires that physically and mentally challenged detainees will be afforded the opportunity to engage in the voluntary work program. |
| 2. The detainee's classification level shall determine the type of work assignment for which he/she is eligible. Generally, high custody detainees shall not be given work opportunities outside their housing units/living areas. | Meets Standard | Policy states that the classification level will predicate the type of work assignment a detainee is eligible to perform. Policy also states that high custody level detainees shall not be given work opportunities outside their housing units/living areas. |
| 3. ICE detainees may not work outside the secure perimeter of non-dedicated IGSA facilities. | Meets Standard | Low security detainees at this DIGSA facility may participate on details outside of the secure perimeter of the facility. |
| 4. The facility administrator shall develop site-specific rules for selecting work detail volunteers in a facility procedure that will include a voluntary work program agreement. | Meets Standard | |
| 5. Detainees shall not be denied voluntary work opportunities on the basis of such factors as a detainee's race, religion, national origin, gender, sexual orientation or disability. | Meets Standard | |
| 6. While medical or mental health restrictions may prevent some physically or mentally challenged detainees from working, those with less severe disabilities shall have the opportunity to participate in the voluntary work program in appropriate work assignments. | Meets Standard | Policy requires that discrimination on the basis of disability is prohibited in the detainee work program. |
| 7. Detainees who participate in the volunteer work program are required to work according to a fixed schedule that does not exceed 8 hours daily, 40 hours weekly. | Meets Standard | |
| 8. Detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy of at least $1.00 (USD) per day. | Meets Standard | Detainees working in the housing units are paid one dollar a day. Those detainees assigned to the kitchen can earn four dollars a day. |



FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

## STANDARD 5.8. VOLUNTARY WORK PROGRAM (Key: AH)

This detention standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order of the facility. While not legally required to do so, ICE/ERO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Standard N/A

**Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 9. The facility administrator shall establish procedures for informing detainee volunteers about on-the-job responsibilities and reporting procedures. | Meets Standard | |
| 10. When a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file. Detainees are permitted to file a grievance to the facility administrator or local Field Office Director if they believe they were unfairly removed from work. | Meets Standard | Policy states that when a detainee is removed from a work detail, written documentation of the circumstances and reason for removal will be placed in the detainee's detention file. Detainees are free to use the grievance process to complain to the OIC, if they feel they were unfairly removed from their assignment. |
| 11. All detention facilities shall comply with all applicable health and safety regulations and standards, to include training. | Meets Standard | |
| 12. The facility administrator shall ensure that all department heads, in collaboration with the facility's safety/training officer, develop and institute appropriate training for all detainee workers. | Meets Standard | Appropriate training programs are in place for detainees employed in facility work assignments. |
| 13. Upon a detainee's assignment to a job or detail, the supervisor shall provide thorough instructions regarding safe work methods and, if relevant, hazardous materials. | Meets Standard | Training regarding safe work methods and working with hazardous materials is provided to detainees employed in facility work assignments. |
| 14. The facility shall provide detainees with safety equipment that meets OSHA and other standards associated with the task performed. | Meets Standard | Proper safety equipment was observed to be available in all work sites where detainees were employed. |
| 15. The facility administrator shall implement procedures for immediately and appropriately responding to on-the-job injuries, including immediate notification of ICE/ERO. | Meets Standard | Policy requires that on-site ICE personnel be immediately notified in the event that a detainee is injured on the job. |

**STANDARD 5.8. VOLUNTARY WORK PROGRAM – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

| STANDARD 5.8. VOLUNTARY WORK PROGRAM – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>Interviews with employees and an inspection of training documents indicated that ICE detainees are provided the opportunity for work under a safe and sanitary environment. Detainees are provided the opportunity to work and earn money, subject to the number of work opportunities available and within the constraints of safety, security and good order. Policy mandates that the voluntary work program operate in compliance with codes and regulations of OSHA, and the NFPA. Detainees are permitted to work in only one work detail per day. Detainees who are not classified are not allowed to participate in the voluntary work program. Policy allows for detainees to file a grievance if they believe that there is insufficient justification to reject their placement in the program or believe they can perform essential functions of the work assignment. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

# *Section VI: JUSTICE*

**Detainee Handbook**
**Grievance System**
**Law Libraries and Legal Material**
**Legal Rights Group Presentations**



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| STANDARD 6.1. DETAINEE HANDBOOK (Key: AI) | | |
|---|---|---|
| This detention standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook. | Meets Standard | Copies of the ICE National Detainee Handbook and a local supplement are provided to detainees during admission. |
| 2. The facility administrator shall ensure that the local supplement is translated into Spanish and, where practicable, any other language spoken by significant numbers of limited-English proficient detainees in that facility. | Meets Standard | Both handbooks are available in English and Spanish, which are the predominant languages spoken by detainees at this facility. |
| 3. Staff shall require each detainee to verify, by signature, receipt of the handbook and maintain that acknowledgement in the detainee's detention file. | Meets Standard | Signed acknowledgements for receipt of the detainee handbooks are placed in each detainee's detention file. |
| 4. If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall arrange for the orientation materials to be read to the detainee, provide the material using audio or video tapes in a language the detainee does understand, or provide a translator or interpreter within a reasonable amount of time. | Meets Standard | If detainees do not understand the languages in which the handbook is provided, the facility has access to interpretation services and will provide interpretation within a reasonable amount of time. An orientation video is also available in English and Spanish. |
| 5. The facility administrator shall provide a copy of the ICE National Detainee Handbook and the local supplement to every staff member who has contact with detainees, and cover their contents in initial and annual staff training. | Meets Standard | Each employee is provided a copy of the ICE National Detainee Handbook and the local supplement. Training on the handbooks is provided during pre-service and in-service training. |
| 6. The facility administrator shall appoint a committee to review the local supplement annually and recommend changes. While the handbook does not have to be immediately revised and reprinted to incorporate every change, the facility administrator shall establish procedures for immediately communicating such changes to staff and detainees. | Meets Standard | An annual review of the supplement is conducted, making revisions as deemed necessary. Until new supplements are printed, changes are communicated to detainees, through postings in the housing units. Employees are notified via email. |



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2018-ICLI-00023 6434

| STANDARD 6.1. DETAINEE HANDBOOK (Key: AI) | | |
|---|---|---|
| This detention standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. PRIORITY: The detainee handbook (local supplement) address the following issues:<br>• The rules, regulations, policies and procedures with which every detainee must comply<br>• Detainee rights and responsibilities<br>• Procedures for requesting interpretive services for essential communication<br>• The facility's services and programs<br>• The facility's classification system<br>• Medical care<br>• The facility's zero tolerance policy for all forms of sexual abuse and assault<br>• The facility's rules of conduct and prohibited acts, the disciplinary scale, the sanctions imposed for violations of the rules, the disciplinary process, the procedure for appealing disciplinary findings, and detainees' rights in the disciplinary system (as required by Standard 3.1)<br>• Information about the facility's grievance system, including medical grievances (as required by Standard 6.2)<br>• The facility's policies on telephone access and on the monitoring of telephone calls, if telephone calls are monitored<br>• The facility's visitation rules and hours<br>• Rules and procedures governing access to the law library (as required by Standard 6.3) and to legal counsel<br>• Content and procedures of the facility's rules on legal rights group presentations, and the availability of legal orientation programs<br>• The facility's rules on correspondence and other mail (including information on correspondence procedures as required by Standard 5.1)<br>• The facility's policies and procedures related to personal property (as required by Standard 2.5)<br>• The facility's marriage request procedures<br>• Contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility<br>• Procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests. | Meets Standard | All of the requirements of this component are included in the local detainee supplement. |



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| STANDARD 6.1. DETAINEE HANDBOOK – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>Every detainee receives a copy of the ICE National Detainee Handbook and the facility supplement. A review of the current local supplement verified that it accurately describes the rules, programs, procedures and requirements for detainees during their detention. The handbooks provide information regarding how to report allegations of abuse and civil rights violations, along with violations of officer misconduct directly to ICE/ERO or DHS OIG. The handbook and supplement were free from derogatory or insensitive statements about detainee religion or culture. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ) | | |
|---|---|---|
| This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Each facility shall have written policy and procedures for a detainee grievance system that:<br>• Establishes a procedure for any detainee to file a formal grievance;<br>• Establishes a procedure to track or log all ICE detainee grievances separately from other facility populations;<br>• Establishes reasonable time limits for:<br>  ○ Processing, investigating, and responding to grievances;<br>  ○ Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and<br>  ○ Providing written responses to detainees who filed formal grievances, including the basis for the decision.<br>• Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day, with a response from medical staff within five working days, where practicable;<br>• Establishes a special procedure for time-sensitive, emergency grievances, including having a mechanism by which emergency medical grievances are screened as soon as practicable by appropriate personnel;<br>• Ensures each grievance receives appropriate review;<br>• Provides at least one independent appeal that excludes individuals previously involved in the decision making process for the same grievance;<br>• Includes guarantees against reprisal; and<br>• Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized. | Meets Standard | All of the requirements of the component are included in facility policy. |
| 2. Detainees are informed about the facility's informal and formal grievance system in a language or manner they understand. | Meets Standard | The handbook clearly describes the formal and informal grievance systems and procedures. |
| 3. The grievance section of the handbook explains all steps in the grievance process. | Meets Standard | |



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| STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ) | | |
|---|---|---|
| This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 4. Written procedures allow for the informal oral presentation and resolution of grievances. A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage. | Meets Standard | Policy dictates the procedures for the informal oral presentation and resolution of grievances and that a detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage. |
| 5. Detainees may submit a formal written grievance to a Grievance Officer at any time during, after, or in lieu of lodging an information complaint. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, legal representatives, or non-governmental organizations. | Meets Standard | |
| 6. Formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility. | Meets Standard | The facility has provided grievance boxes for both general grievances and medical grievances. Medical grievances are picked up daily by designated medical personnel. |
| 7. Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare. | Meets Standard | |
| 8. All staff will be trained to appropriately respond to emergency grievances in an expeditious matter. | Meets Standard | Employees receive training on emergency grievances during pre-service and in-service training. |
| 9. A designated Grievance Officer (GO) shall conduct the initial adjudication of a grievance. The detainee shall have the option to file an appeal with a Grievance Appeals Board (GAB) if dissatisfied with a GO decision, and with the facility administrator if dissatisfied with a GAB decision. At all stages, detainees shall receive a decision on the grievance within five days of receipt of the appeal by the reviewing entity. | Meets Standard | The grievance officer conducts the initial adjudication of the grievance. Detainees can file an appeal to the OIC. If dissatisfied with the OIC's decision, an appeal can be filed with the AFOD. At each stage of the grievance process, the detainee receives a response within five days of receipt of the appeal. |
| 10. Facilities shall allow any ICE/ERO detainee dissatisfied with the facility's response to a grievance, or fearing retaliation, to appeal to or communicate directly with ICE/ERO. | Meets Standard | |

| STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ) | | |
|---|---|---|
| This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 11. PRIORITY: Each facility shall maintain a Detainee Grievance Log. The documentation shall include: the date the grievance was filed, the name of the detainee that filed the grievance, the nature of the grievance, the date the decision was provided to the detainee, and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file. | Meets Standard | The facility maintains both a manual and an electronic grievance log. The log includes the date the grievance was filed, the name of the detainee, the nature of the decision, the date of the decision and the outcome of the adjudication. A copy of the grievance disposition is placed in the detainee's detention file and a copy is provided to the detainee. Medical grievances are maintained in the detainee's medical file. |
| 12. PRIORITY: Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner. | Meets Standard | Policy requires that all detainee grievances alleging officer or facility personnel misconduct must be forwarded to a supervisor and ICE/ERO. The grievance is also processed through the facility's grievance system. |
| 13. Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General. Immediately following any indication or allegation of retaliation, the facility and ICE/ERO shall conduct an investigation of alleged acts of retaliation in a timely manner, and take all steps necessary to remedy any retaliation determined to have occurred. | Meets Standard | Policy prohibits employees from harassing, disciplining, punishing or otherwise retaliating against a detainee who files a complaint or grievance. Personnel state that detainees are not retaliated against for contacting the DHS Inspector General and that if that there is an indication that retaliation has occurred that command staff would be notified and the appropriate investigation and remedy would be implemented. |

| STANDARD 6.2. GRIEVANCE SYSTEM – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)* |
| A review of policy and interviews with employees verified that procedures are in place for addressing detainee grievances in a timely manner. Policy is in place to expedite emergency grievances and employees are required to forward any grievance that includes officer misconduct to ICE command staff. A review of the grievances filed revealed that the responses were appropriate and timely.<br><br>It should be noted that an abnormally high number of grievances were filed for the period of 07/01/2015 through |



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| STANDARD 6.2. GRIEVANCE SYSTEM – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| 09/30/2015. Almost half of all grievances filed for 2015 were submitted during this timeframe. The grievance coordinator explained that a new procedure was implemented to close the outdoor recreation area, when outdoor temperatures exceeded 88 degrees Fahrenheit. In response to the negative reaction (written grievances) of the detainee population, the recreation yard was reopened and alternative measures were implemented to restrict some activities and to provide additional fluid intake during high temperature conditions. It is also noted, that, of the grievances submitted since the last inspection, approximately fifty percent were filed as grievances under the category of "facility staff". To date, there have been no informal grievances filed for the calendar year 2016. | |
| **Overall Rating:** Meets Standards | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK) | | |
|---|---|---|
| This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Each facility shall provide a properly equipped law library in a designated, well-lit room that is reasonably isolated from noisy areas and large enough to provide reasonable access to all detainees who request its use. It shall be furnished with a sufficient number of tables and chairs to facilitate detainees' legal research and writing. | Meets Standard | |
| 2. PRIORITY: Each detainee shall be permitted to use the law library for a minimum of five hours per week and may not be forced to forego his or her minimum recreation time to use the law library. | Meets Standard | Detainees may use the law library for a minimum of fifteen hours per week. They are not forced to forego recreation time to use the law library. |
| 3. PRIORITY: The law library shall provide an adequate number of computers with printers, photocopiers and sufficient writing implements, paper, and related office supplies to enable detainees to prepare documents for legal proceedings, special correspondence, or legal mail. Typewriters, with replacement ribbons, carbon paper, and correction tape may be temporarily substituted for computers and printers only until such time as the facility can provide computers and printers, and if approved by ICE/ERO. Each facility administrator shall designate an employee to inspect the equipment at least daily and ensure it is in good working order and to stock sufficient supplies. | Meets Standard | Nine computers and a networked printer are available for detainee use in the main law library. There is also a computer and associated printer in the special management unit for detainee use. A photocopier is located in the main law library. Sufficient supplies are maintained with each computer. Two designated officers are assigned to the law library. They inspect the equipment daily and maintain the stock of supplies. |
| 4. Detainees are provided with the means to save legal work in a private electronic format for future use. | Meets Standard | Detainees may save their legal work on electronic storage media provided by the facility or purchase a flash drive from the commissary. |
| 5. The facility subscribes to updating services where applicable and legal materials requiring updates are current. | Meets Standard | The LexisNexis software was last updated on 02/23/2016. |
| 6. Each facility administrator shall designate a facility law library coordinator to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition and replacing them promptly as needed. | Meets Standard | Two officers are the designated law library coordinators. They are responsible for performing the tasks in this component. |

| STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK) | | |
|---|---|---|
| This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. PRIORITY: The law library contains all materials listed in Appendix 6.3.A: "List of Legal Reference Materials for Detention Facilities" and any materials provided to the facility by ICE/ERO. As an alternative to obtaining and maintaining the paper-based publications in Appendix 6.3.A, a facility may substitute the Lexis/Nexis publications on CD ROM. Any materials listed in Appendix 6.3.A which are not loaded onto the Lexis/Nexis CD ROM must be maintained in paper form. If materials are provided on CD-ROM or in another electronic format, technical assistance shall be provided. | Meets Standard | The library's computer has a current and functioning LexisNexis program. The installed LexisNexis application includes the materials referenced in this component. |
| 8. An up-to-date list of the law library's holdings, including the date and content of the most recent updates of all legal materials available to detainees in print and electronic media, are posted in the law library. | Meets Standard | |
| 9. The facility administrator must certify to the respective Field Office Director – and the Field Office Director must verify -- that the facility provides detainees sufficient:<br>• Operable computers that are capable of running the Lexis/Nexis CDROM,<br>• Operable printers,<br>• Supplies for both, and<br>• Instructions for detainees on the basic use of the system. | Meets Standard | The ICE officer assigned to the facility monitors the law library to ensure that it has the items listed in this component. |
| 10. Outside persons and organizations may submit published or unpublished legal material for inclusion in a facility's law library. If the material is in a language other than English, an English translation must be provided. Outside unpublished material is forwarded and reviewed by the ICE prior to inclusion. | Meets Standard | |
| 11. Detainees who require legal material not available in the law library may make a written request to the facility law library coordinator, who shall inform the Field Office of the request as soon as possible. | Meets Standard | Detainees may request legal material not available in the law library from the assigned ICE officer. If approved, the requests are addressed in a timely manner. |
| 12. The facility shall ensure that detainees can obtain at no cost to the detainee photocopies of legal material and special correspondence when such copies are reasonable and necessary for a legal proceeding involving the detainee. Detainees shall also be permitted to photocopy grievances, letters regarding conditions of confinement, disciplinary decisions, special needs forms, or other documents that are relevant to the presentation of any type of immigration proceeding. | Meets Standard | Detainees are provided photocopies of legal materials and special correspondence at no cost to the detainee. Copies of other documents that are related to a detainee's immigration proceedings are also duplicated at no cost to the detainee. |

| STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK) | | |
|---|---|---|
| This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 13. Facility staff provide assistance to detainees in accessing legal materials where needed (e.g. orientation to written or electronic media and materials; assistance in accessing related programs, forms, and materials). | Meets Standard | A law library coordinator provides assistance to detainees when necessary. |
| 14. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents. | Meets Standard | Policy and the local handbook state that detainees may assist one another in researching or preparing legal documents. The assistance must be voluntary and free of charge. |
| 15. Unrepresented illiterate, limited-English proficient, or disabled detainees who wish to pursue a legal claim related to their immigration proceedings or detention, and who indicate difficulty with the legal materials, must be provided assistance beyond access to a set of English-language law books. To the extent practicable and consistent with the good order and security of the facility, efforts will be made to assist all illiterate, limited-English proficient, and disabled persons in using the law library. | Meets Standard | |
| 16. The facility shall permit a detainee to retain all personal legal material upon admittance to the general population or Administrative Segregation or Disciplinary Segregation units, unless this would create a safety, security or sanitation hazard. Stored legal materials are accessible within 24 hours of a written request. Detainees with scheduled immigration hearings within 72 hours are provided access to their personal legal materials to the extent practicable. | Meets Standard | |
| 17. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, unless compelling security concerns require limitations. | Meets Standard | Detainees housed in both administrative segregation and disciplinary segregation have the same access to the law library as those in the general population. There is also a computer equipped with LexisNexis for detainees to use in the special management unit. |



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| STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK) | | |
|---|---|---|
| This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 18. Denial of access to the law library must be:<br>• Supported by compelling security concerns,<br>• Be for the shortest period required for security, and<br>• Be fully documented in the Special Management Unit housing logbook.<br>• Documented, with reasons listed, in the detention file.<br>The facility shall notify the Field Office every time access is denied and send a copy of the proper documentation. | Meets Standard | Policy states that all restrictions or denials of detainee law library access must be documented as required by this component. The basis for the action must be justifiable and the restriction must be for a limited period of time and periodically reviewed. Copies of the documentation must be sent to the ICE field office and placed in the detainee's detention file. There have been no such restrictions or denials during the inspection period. |
| 19. The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, if the detainee is unable do so through a family member, friend, or community organization. | Meets Standard | Both of the assigned law library officers are notaries public and are available to assist detainees with such services. Detainees may send certified mail from the mailroom upon request. |
| 20. Staff shall not permit a detainee to be subjected to reprisals, retaliation or penalties because of a decision to seek judicial or administrative relief or investigation of any matter. | Meets Standard | |

**STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Law library and legal materials are handled in accordance with this standard. The facility has procedures in place that effectively prevent detainees from damaging, destroying or removing equipment, materials or supplies from the law library. Staff accommodates detainee requests for additional law library time to the extent that is consistent with the orderly and secure operation of the facility; with special priority given to such requests from a detainee who is facing a court deadline. The facility provides indigent detainees with free envelopes and stamps for mail related to a legal matter, including correspondence to a legal representative, a potential legal representative or any court. Requests to send international mail are honored as is reasonable. The detainee handbook outlines the rules and procedures governing access to legal materials and the procedures are also posted in the law library along with a list of the law library's holdings.

Detainees are permitted to store information on electronic media. Detainees held in special housing have the same law library privileges as those held in the general population.

Evaluation of this standard included review of policy; observation of the law library and the special management units; and interviews with detainees, ICE and facility staff members.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)** (b)(6),(b)(7)(C) [redacted] **Completion Date:** 4/28/2016

| STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* |
|---|
| **Reviewer Signature (for printed form submission):** |

## STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS (Key: AL)

This detention standard protects detainees' rights by providing all detainees access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Standard N/A

**Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. If upon notification by the Field Office Director that a group presentation on legal rights has been approved, the facility administrator shall telephone the listed contact person to arrange a mutually acceptable date and time for the presentation according to the standard. | Meets Standard | Catholic Charities has been approved to provide legal rights group presentations four days a week. |
| 2. PRIORITY: At least 48 hours before a scheduled presentation, facility staff shall in each housing unit prominently display the informational posters provided by the presenter, and provide a sign-up sheet for detainees who plan to attend. Detainees that fail to sign up shall not be deprived of the opportunity to attend a presentation for that reason.<br>The facility shall ensure that presentations are open to all detainees, regardless of the presenter's intended audience, except when a particular detainee's attendance would pose a security risk. Detainees in segregation are notified in advance of a presentation and provided the opportunity to attend. If the attendance of a detainee in segregation would pose a security risk, facility staff shall make arrangements with the presenters to offer a separate presentation and individual consultation to the detainee. | Meets Standard | Policy and practice address all of the elements of this component |
| 3. One or more legal assistants may help with a presentation. | Meets Standard | |
| 4. The presenters ordinarily will have at least one hour for the presentation and additional time for a question-and-answer session. ICE/ERO and/or facility staff may observe and monitor presentations, assisted by interpreters as necessary. ICE/ERO and facility personnel will not interrupt a presentation, except for security purposes or if the allotted time has expired. | Meets Standard | Presentations generally last one hour followed by time for questions and answers. An officer will observe the presentation but will not interrupt except for security purposes. |
| 5. If approved in advance by ICE/ERO, presenters may distribute brief written materials that inform detainees of U.S. immigration law and procedure. The request for approval of a presentation must list any published or unpublished materials proposed for distribution, and the requestor must provide a copy of any unpublished material, with a cover page. | Meets Standard | |
| 6. Following a group presentation, the facility shall permit presenters to meet with small groups of detainees to discuss their cases as long as meetings do not interfere with facility security and orderly operations. | Meets Standard | |



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## STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS (Key: AL)

This detention standard protects detainees' rights by providing all detainees access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Standard N/A

**Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 7. The facility may discontinue or temporarily suspend group presentations by any or all presenters, if they:<br>• Pose an unreasonable security risk;<br>• Interfere substantially with the facility's orderly operation;<br>• Deviate materially from approved presentation materials or procedures; or if<br>• The facility is operating under emergency conditions. | Meets Standard | Policy addresses all aspects of this component. There have been no suspensions during the inspection period. |
| 8. PRIORITY: If ICE/ERO approves an electronic presentation submitted by qualified individuals or organizations, the facility shall provide regularly scheduled and announced opportunities for detainees in the general population to view or listen to the electronic presentation(s).<br>Each facility shall present only ICE/ERO-approved electronic presentations on detainee legal rights. | Meets Standard | There have been no electronic presentation requests submitted during the inspection period. The ICE Know Your Rights video is shown to all new admissions. |
| 9. The facility shall also provide detainees in administrative or disciplinary segregation for more than one week with at least one opportunity to view pre-approved presentation(s) during their placement in segregation, unless precluded by security concerns regarding a particular detainee. | Meets Standard | |
| 10. The facility shall maintain electronically-formatted presentations and equipment in good condition. | Meets Standard | Video equipment was observed to be in good repair and capable of conveying approved electronic presentations. |

## STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS – Reviewer Summary

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Catholic Charities provides group presentations on immigrant legal rights four times each week. During the evaluation of this standard, policy was reviewed, employees and detainees were interviewed and group legal rights attendee lists were examined. Observation of housing unit postings and interviews with housing unit officers, detainees, and ICE personnel revealed detainees have access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Legal rights group presentations are addressed in the National Detainee Handbook. Communications are adjusted accordingly to ensure understanding. The ICE Know Your Rights video is available in English and Spanish.

**Overall Rating:** Meets Standard

**Reviewer Name (Pri** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016

| STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* |
|---|
| **Reviewer Signature (for printed form submission):** |



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2018-ICLI-00023 6448

# *Section VII: ADMINISTRATION & MANAGEMENT*

**Detention Files**
**News Media Interviews and Tours**
**Staff Training**
**Transfer of Detainees**



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2018-ICLI-00023 6449

| STANDARD 7.1. DETENTION FILES (Key: AM) | | |
|---|---|---|
| This detention standard contributes to efficient and responsible facility management by maintaining, for each detainee booked into a facility for more than 24 hours, a file of all significant information about that detainee. This standard also addresses security for electronic files. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. For every new arrival whose stay will exceed 24 hours, a designated officer shall create a detainee detention file. | Meets Standard | Files are created for all detainees whose stay will exceed 24 hours. |
| 2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process. | Meets Standard | Detention files contain documents and forms pertinent to each detainee generated during the admissions process, except for medical information. Ten detention files were reviewed. |
| 3. The detention files are located and maintained in a secured area. | Meets Standard | The detention files are kept in locked cabinets in the secure records office. |
| 4. Each detention file remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation. | Meets Standard | Detention files remain active during the detainee's stay. Upon release of the detainee, the releasing officer adds copies to the file of the Form I-203 authorizing the release, closed out property and fund receipts, and stamps and initials the exterior of the file as closed. |
| 5. At a minimum, a logbook entry recording the file's removal from the cabinet shall include:<br>• The detainee's name and A-File number;<br>• Date and time removed;<br>• Reason for removal;<br>• Signature of person removing the file, including title and department;<br>• Date and time returned; and<br>• Signature of person returning the file. | Meets Standard | |
| 6. Electronic record-keeping systems and data are protected from unauthorized access. | Meets Standard | Electronic record-keeping systems and data are password protected. |

| STANDARD 7.1. DETENTION FILES – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)* |
| Detention files are handled in accordance with this standard. Procedures are in place to ensure that intake officers always have necessary supplies and that equipment is maintained in good working order, including photocopier(s) and paper. The equipment has the capacity to handle the volume of work generated. The officer closing the detention files makes a notation that the file is closed and ready for archiving. The closed file is not transferred with the detainee to another facility. Detention files are handled in accordance with the provisions of the Privacy Act and records are only released following those |

| STANDARD 7.1. DETENTION FILES – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| guidelines.<br><br>The evaluation of this standard was based on the observation of the intake area and the records office where the detention files are maintained, interviews with facility and ICE personnel and a review of closed detention files. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed)** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |



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| STANDARD 7.2. INTERVIEWS AND TOURS (Key: AN) | | |
|---|---|---|
| This detention standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Interviews by reporters, other news media representatives, non-governmental organizations, academics, and parties not included in other visitation categories in the Detention Standard on Visitation shall be permitted access to facilities only by special arrangement and with prior approval of the respective ICE/ERO Field Office Director. | Meets Standard | The FOD must approve all news media interviews. |
| 2. News media organizations shall abide by the policies and procedures of the facility being visited or toured. Media representatives must obtain advance permission from the facility administrator and FOD before taking photographs in or of any facility. The facility administrator shall advise both media representatives and detainees that use of any detainee's name, identifiable photo, or recorded voice requires his or her prior permission. | Meets Standard | All news media representatives must receive advance permission from the OIC and FOD prior to interviewing a detainee, taking photographs or making electronic recordings. Media personnel must abide by facility policy. |
| 3. Media representatives shall obtain a signed release from the detainee before photographing or recording his or her voice. The original of the form is to be filed in the detainee's A-file with a copy in the facility's Detention File. | Meets Standard | After approval from the FOD, the requesting media must obtain a signed release from the detainee. The original form is stored in the A-file and a copy is placed in the detention file. |
| 4. Detainees should not be pressured or coerced out of granting a personal interview request, nor should the facility in any way retaliate against a detainee for lawful communication with a member of the media or a member of the public. | Meets Standard | |
| 5. A press pool may be established when the Public Affairs Officer, Field Office Director and facility administrator determine that the volume of interview requests warrants such action. | Meets Standard | The OIC stated that a public information officer assigned to the field office is responsible for establishing press pools. |
| 6. If a tour or visit by a non-governmental organization or other stakeholders is approved by ICE/ERO, the facility shall post both the ICE sign-up sheet and the ICE stakeholder tour/visit notification flyer at least 48 hours in advance of the tour or visitation in appropriate locations (e.g. message boards, housing areas). Facility staff permit NGO or stakeholder access to pre-identified detainees and/or detainees who have signed up in advance to speak with the stakeholder. | Meets Standard | |

| STANDARD 7.2. INTERVIEWS AND TOURS – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |



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2018-ICLI-00023 6452

| STANDARD 7.2. INTERVIEWS AND TOURS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>The privacy of detainees and staff, including the right of a detainee to not be photographed or recorded, is protected. Media representatives, media visitors, tours, personal interviews, press pools and visits by NGOs are coordinated and approved by ICE. The public and the media are not denied access based on their political or editorial viewpoints. Prior to a tour, the OIC explains the terms and guidelines of the interview/tour to the participants.<br><br>A review of policy and interviews with ICE and the compliance administrator revealed that the public and the media are informed of events within the facility's area of responsibility through interviews and tours. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 7.3. STAFF TRAINING (Key: AO) | | |
|---|---|---|
| This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers with appropriate assessment measures. | Meets Standard | The facility conducts pre-service training and an annual in-service training program. Post tests are used to assess the effectiveness of both training courses. |
| 2. The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives. | Meets Standard | |
| 3. At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, training personnel complete a 40-hour training-for-trainers course. | Meets Standard | The learning and development manager has completed a forty hour training for trainer's course. |
| 4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator. | Meets Standard | The OIC has approved the 2016 annual training plan. |
| 5. Training shall be conducted by trainers certified in the subject matter. | Meets Standard | |
| 6. Each trainee shall be required to pass a written or practical examination to ensure the subject matter has been mastered. | Meets Standard | |
| 7. The formal training received by each trainee shall be fully documented in permanent training records. | Meets Standard | Training is documented in digital and hard copy records. |

| STANDARD 7.3. STAFF TRAINING (Key: AO) | | |
|---|---|---|
| This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:<br>• ICE/ERO detention standards<br>• Cultural and language issues, including requirements related to limited English proficient detainees<br>• Requirements related to detainees with disabilities and special-needs detainees<br>• Code of ethics<br>• Drug-free workplace<br>• Emergency plans and procedures<br>• Signs of suicide risk, suicide precautions, prevention, and intervention<br>• Use of force<br>• Key and lock control<br>• Tour of the facility<br>• Staff rules and regulations<br>• Sexual abuse/sexual misconduct awareness and reporting<br>• Hostage situations and staff conduct if taken hostage | Meets Standard | All listed training subjects are included in the pre-service training for new employees, contractors and volunteers. The training is completed prior to assuming duties. |
| 9. Employees and contractors who have minimal detainee contact and no significant responsibilities involving detainees receive initial and annual training that includes:<br>• ICE/ERO detention standards update<br>• Cultural and language issues including requirements related to limited English proficient detainees<br>• Requirements related to detainees with disabilities and special needs detainees<br>• Code of ethics<br>• Staff rules and regulations<br>• Key and lock control<br>• Signs of suicide risk, suicide precautions, prevention, and intervention<br>• Drug-free workplace<br>• Health-related emergencies<br>• Emergency plans and procedures<br>• Sexual abuse and sexual misconduct awareness<br>• Hostage situations and staff conduct if taken hostage | Meets Standard | Employees and contractors who have minimal contact or responsibilities over detainees receive all of the listed training during pre-service training and during the annual in-service training. |



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2018-ICLI-00023 6455

| STANDARD 7.3. STAFF TRAINING (Key: AO) | | |
|---|---|---|
| This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 10. Professional and support employees (including contractors) who have regular or daily detainee contact will receive initial and annual training on the following subjects, at a minimum:<br>• ICE/ERO detention standards<br>• Cultural and language issues including requirements related to limited English proficient detainees<br>• Requirements related to detainees with disabilities and special needs detainees<br>• Security procedures and regulations<br>• Sexual harassment and sexual misconduct awareness (including the contents of Standard 2.11)<br>• Appropriate conduct with detainees<br>• Code of Ethics<br>• Health-related emergencies<br>• Drug-free workplace<br>• Supervision of detainees<br>• Signs of hunger strike<br>• Signs of suicide risk, suicide precautions, prevention, and intervention<br>• Use-of-force regulations<br>• Hostage situations and staff conduct if taken hostage<br>• Report writing<br>• Detainee rules and regulations<br>• Key and lock control<br>• Rights and responsibilities of detainees<br>• Safety procedures<br>• Emergency plan and procedures<br>• Interpersonal relations<br>• Communication skills<br>• Cardiopulmonary resuscitation (CPR)/First aid<br>• Counseling techniques | Meets Standard | All listed training components are included in the pre-service and in-service training for professional and support employees (including contractors) having daily or regular detainee contact. |



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2018-ICLI-00023 6456

| STANDARD 7.3. STAFF TRAINING (Key: AO) | | |
|---|---|---|
| This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 11. Full-time health care employees receive, in addition to the training areas above, instruction in the following:<br>• Medical grievance procedures and protocols<br>• Emergency medical procedures<br>• Occupational exposure<br>• Personal protective equipment<br>• Bio-hazardous waste disposal<br>• Overview of the detention operations. | Meets Standard | In addition to the required training for professional and support employees, all listed training subjects are included in the training for full time health care employees. The training is conducted by IHSC medical personnel. |
| 12. Security personnel will receive, in addition to the training areas above, training on the following subjects, at a minimum:<br>• Searches of detainees, housing units, and work areas<br>• Self-defense techniques<br>• Use-of-force regulations and tactics | Meets Standard | All security personnel receive training on the searches of detainees, housing units and work areas, self-defense techniques and use of force regulations and tactics. |
| 13. Situation Response Teams (SRTs) receive:<br>• Specialized training before undertaking their assignments. | Meets Standard | The facility's special operations response team members complete specialized training before undertaking their assignments. |
| 14. PRIORITY: Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use -- before being assigned to a post involving their possible use.<br>All personnel authorized to use firearms demonstrate competency in their use at least annually. | Meets Standard | All personnel authorized to use firearms receive training in the use, safety, care and constraints on their use prior to being assigned to an armed post. Personnel authorized to use firearms are required to demonstrate competency in their use annually. |
| 15. PRIORITY: Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use. | Meets Standard | All employees authorized to use chemical agents receive training in the use of chemical agents and in the decontamination of individuals exposed to a chemical agent prior to being assigned to a post involving their use. Employees must also pass a written test to be authorized to use chemical agents. |

| STANDARD 7.3. STAFF TRAINING – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |



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2018-ICLI-00023 6457

| STANDARD 7.3. STAFF TRAINING – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>A review of policy, interviews with training personnel, and a review of training records indicated that the facility is providing orientation training and in service training to employees, contractors and volunteers. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 7.4. DETAINEE TRANSFERS (Key: AP) | | |
|---|---|---|
| This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The sending facility ensures that:<br>• Specific plans and time schedules are not discussed with the detainee prior to transfer.<br>• The detainee is notified of the transfer immediately prior to departing the facility, in a language or manner he/she can understand.<br>• The detainee is not permitted to make or receive any phone calls, or have contact with any detainee in the general population, until he/she reaches the destination facility. | Meets Standard | Policy and procedures address the requirements of this component. |
| 2. The sending facility shall ensure that the detainee acknowledges at the time of transfer, in writing, that:<br>• He or she has received the transfer destination information;<br>• It is his or her responsibility to notify family members if so desired, upon admission into the receiving facility; and<br>• He or she may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility. | Meets Standard | Facility personnel provide the detainee with a written transfer notification that includes the required information. ICE personnel indicated that the detainee may place a domestic phone call, at no expense to the detainee, upon admission to the receiving facility. |
| 3. A detainee may not be transferred from any facility without the appropriate Form I-203 or I-216 or equivalent authorizing the detail. | Meets Standard | Form I-216 is used to transfer detainees from the facility. |
| 4. The facility health care provider shall be notified sufficiently in advance of the transfer that medical staff may determine and provide for any associated medical needs. | Meets Standard | |


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| STANDARD 7.4. DETAINEE TRANSFERS (Key: AP) | | |
|---|---|---|
| This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 5. When a detainee is transferred within the ICE Health Service Corps (IHSC) system, ICE/ERO shall ensure that:<br>• Form USM-553, or equivalent Medical Transfer Summary, and a copy of the detainee's full medical record accompanies the detainee; and<br>• The full medical record is placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."<br>When a detainee is transferred to an IGSA detention facility, the sending facility shall ensure that the Transfer Summary accompanies the detainee. A copy of the full medical record must accompany each detainee during transfer unless extenuating circumstances make this impossible, in which case the full medical record will follow as soon as practicable. | Meets Standard | This component was rated "Does Not Meet Standard" during the last inspection because the detainee's full medical record did not accompany the detainee when transferred to an IGSA. The facility was granted a waiver to this requirement on 10/29/2015 by Jay M. Brooks, Deputy Assistant Director, Detention Management Division. Per the HSA, a transfer summary, listing medications and relevant information is completed and provided at transfer for all detainees. Medication issuance at the time of transfer or release satisfies the requirements of this component. A completed facility specific form accompanies each detainee when transferred from the facility. All of the required elements of this component are included in the summary. |
| 6. The sending facility's medical staff shall prepare a Transfer Summary that must accompany the transferee. Either the USM 553 Form or a facility-specific form may be used, provided it shows:<br>TB clearance, including PPD with the test dates, and Chest x-ray results if the detainee has received a positive PPD reading;<br>Current mental and physical health status, including all significant health issues;<br>Current medications, with specific instructions for medications that must be administered en route;<br>Any pending medical or mental health evaluations, tests, procedures, or treatments for a serious medical condition scheduled for the detainee at the sending facility; and<br>The name and contact information of the transferring medical official. | Meets Standard | Medical personnel prepare a transfer summary that includes all of the listed information. |
| 7. Transportation staff may not transport a detainee without the required Transfer Summary, which is essential for detainee safety while in transit. | Meets Standard | Transfer summaries accompany every transferring detainee. |



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| STANDARD 7.4. DETAINEE TRANSFERS (Key: AP) | | |
|---|---|---|
| This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility shall notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator shall notify ICE/ERO of any medical/psychiatric alerts or holds placed on a detainee that is to be transferred. | Meets Standard | |
| 9. If a detainee has been placed in a medical hold status, the detainee must be evaluated and cleared by a licensed independent practitioner prior to transfer. If the evaluation indicates that transfer is medically appropriate but that health concerns associated with the transfer remain, medical staff at the sending facility shall notify ICE and shall provide ICE requested information and other assistance, to the extent practicable, to enable ICE to make appropriate transfer determinations. | Meets Standard | |
| 10. PRIORITY: Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit.<br>Detainees shall be transferred with, at a minimum, 7 days' worth of prescription medications (TB medications, a 15 day supply) to ensure continuity of care throughout the transfer and subsequent intake process.<br>Medications shall be:<br>• Placed in a property envelope with the detainee's name and A-number, and appropriate administration instructions, on it,<br>• Accompany the transfer, and<br>• If unused, be turned over to the receiving medical personnel. | Meets Standard | IHSC personnel provide transporting officers with written instructions on the care of detainees being transferred. If applicable, medication(s) and instructions for their use are also provided. Detainees are transferred with the medications and quantities specified in this component. The medications are placed in a property envelope clearly labeled with the detainee's A-number. Instructions for their use are also noted on the envelope. Officers are instructed to turn over any unused medications to the medical personnel at the receiving facility. |
| 11. Before transfer, the sending facility shall return all funds and small valuables to the detainee and close out all forms G-589 (or local IGSA funds and valuables receipts) in accordance with the Detention Standard on Funds and Personal Property. | Meets Standard | Funds and other personal items are returned to the detainee prior to transfer. The returned items are noted on a G-589 form. The form is placed in the detainee's file. A copy of the form is given to the detainee. |


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| STANDARD 7.4. DETAINEE TRANSFERS (Key: AP) | | |
|---|---|---|
| This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 12. After admission into the receiving facility or Field Office, all detainees must be given the documented opportunity to make one domestic three-minute phone call at no cost to the detainee. The responsible processing supervisor or his/her designee shall ensure that the detainee is promptly informed that he/she may notify interested persons of the transfer. | Meets Standard | |

| STANDARD 7.4. DETAINEE TRANSFERS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>Detainees are transferred in a manner that protects the staff, detainees, and public, and with the proper authorization and timely notifications. Transfers are conducted in accordance with required notification, safety and medical requirements as specified in the standard.<br><br>During the evaluation of this standard, policy was reviewed, the intake and release area was toured, and employees were interviewed | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 4/28/2016 |
| **Reviewer Signature (for printed form submission):** | |



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## *DOCUMENT CHECK*

The document check should be run upon completion of the review form and PRIOR to submission to DHS-ICE. This check will help ensure the form is ready for upload to DHS-ICE systems. Errors indicate issues were found with specific data entered into the form. Items Not Rated indicate there were line items found on the form which remain in a "Not Rated" status. This action will also update the table of contents.

**The check will take several minutes to complete, during which the screen will flash.**

| **Review Document Issue Summary** | **Ratings check complete.** | | | |
|---|---|---|---|---|
| **Check Document:** Run Check | **Error(s) Found:** | **0** | **Items Not Rated:** | **0** |

**Errors:**

**No Errors Found**

**Items Not Rated:**

**All Items Rated**

*Run Indicator:* ☒



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The Nakamoto Group, Inc.

April 28, 2016

TO: (b)(6);(b)(7)(C)
Assistant Director for Detention Management

FROM: (b)(6);(b)(7)(C)
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: Annual Detention Inspection of the Stewart Detention Center

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Stewart Detention Center in Lumpkin, Georgia during the period of April 26-28, 2016. This is a DIGSA facility.

The annual inspection was performed under the guidance of (b)(6);(b)(7)(C), Lead Compliance Inspector. Team Members were:

| Subject Matter Field | Team Member |
|---|---|
| Security | (b)(6);(b)(7)(C) |
| Detainee Rights | |
| Medical Care | |
| Safety | |

**Type of Inspection**

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72 hour facilities. The facility received a previous rating of Meets Standards during the April 2015 inspection.

**Inspection Summary**

The Stewart Detention Center is currently accredited by:

- The American Correctional Association (ACA) - Yes
- The National Commission on Correctional Health Care (NCCHC) - Yes
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - No



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**Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2015 and 2016 PBNDS 2011 compliance annual inspections:

| 2015 Inspection | |
|---|---|
| Meets Standards | 39 |
| Does Not Meet Standards | 0 |
| Repeat Finding | 0 |
| Not Applicable | 3 |

| 2016 Inspection | |
|---|---|
| Meets Standards | 39 |
| Does Not Meet Standards | 0 |
| Repeat Finding | 0 |
| Not Applicable | 3 |

The inspection team identified one (1) deficient component in the following standard:

Hunger Strikes - 1

**Facility Snapshot/Description**

The Stewart Detention Center is a 1,924 bed facility located in Lumpkin, Georgia. The facility is operated by the Corrections Corporation of America (CCA) and is a DIGSA facility. The facility began housing detainees in June 2006 with additional beds and courtrooms added in 2007.

A number of detainees were interviewed during this inspection. Those interviewed represented a broad spectrum of the population. Some had just arrived at the facility and one had been there for over one year. Detainees were interviewed from all the populated housing units with many having limited English proficiency. All the detainees interviewed were respectful, open and engaging. None of the detainees interviewed by members of the inspection team had any complaints about facility operations or policy. There were no concerns voiced by any detainees interviewed concerning food service, mail or detainee telephones.

A 24-hour roving security post is established in the hallway outside of each housing unit. A control center officer has unbroken visual supervision of the housing units 24 hours a day. Every housing unit has video camera coverage, the images of which are displayed on the monitors in the central control center. Housing areas provide adequate open space, and each has a television viewing area, telephone banks, tables, and seating. The atmosphere throughout the facility is relaxed and detainees were witnessed frequently engaging the staff and each other without hesitation. The inspection team found the detainees to be calm with no obvious indicators of high stress levels present. The average length of stay for a detainee is 45 days.

Facility employees conducted themselves professionally during all interactions with the inspection team. Interactions between officers and detainees were positive and unrestrained, without apparent animosity or resentment. The ten ICE detainees that participated in confidential interviews felt safe at the facility and stated that the officers treat them well. Interviews with five



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LEP detainees indicated that they had no issues communicating with staff. Medical services are provided by IHSC. ICE detainees do not incur medical co-payments. Trinity Services Group provides the food service operation. All other services are provided by CCA employees.

During the June 2015 ODO inspection at Stewart Detention Center, a finding in Food Service was cited that is not accurate. ODO's observation of the process and review of the logs found water temperatures at the pot and pan cleaning station were not recorded as required by the standard. The standard requires temperature checks and the results logged when pot and pan washers are used and the third compartment of the sink is used for sanitation. The required minimum temperature for this sink is 180 degrees Fahrenheit. The compartmented sink in the food service department uses chemical sanitation in lieu of sanitizing with 180 degree Fahrenheit water. The standard does not require temperature checks for chemical sanitation.

**Areas of Concern/Significant Observations**

There were no areas of concern or significant observations.

**Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2011. No (0) standards were found Does Not Meet Standards and three (3) standards were Not Applicable (N/A). All remaining thirty-nine (39) standards were found to Meet Standards.

**LCI Assurance Statement**

The findings of Meets Standards and Does Not Meet Standards are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – DFOD (b)(6);(b)(7)(C) AFOD (b)(6);(b)(7)(C) , and AFOD (b)(6);(b)(7)(C) from the Atlanta Field Office
- Facility Staff – Warden R. (b)(6);(b)(7)(C) Compliance Manager (b)(6);(b)(7)(C) and various other supervisors and employees

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) ad Compliance Inspector April 28, 2016

Printed Name of LCI Date



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**A. Type of Facility Reviewed**

- ☐ **ICE Service Processing Center**
- ☐ **ICE Contract Detention Facility**
- ☒ **ICE Intergovernmental Service Agreement**

**B. Current Inspection**

Type of Inspection
☐ Field Office ☒ HQ Inspection

Date[s] of Facility Review
04/26/2016 - 04/28/2016

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review
04/28/2015- 04/30/2015

Previous Rating
☒ Meets Standards ☐ Does Not Meet Standards

**D. Name and Location of Facility**

Name
Stewart Detention Center

Address (Street and Name)
146 CCA Road

City, State and Zip Code
Lumpkin, GA 31815

County
Stewart

Name and Title of Facility Administrator (Warden/OIC/Superintendent)
(b)(6),(b)(7)(C) Warden

Telephone # (Include Area Code)
229 838-5(b)(6),(b)(7)(C)

Field Office / Sub-Office (List Office with oversight responsibilities)
Atl Field Office

Distance from Field Office
119 Miles

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)
(b)(6),(b)(7) CI, Detainee Rights SME / Nakamoto Group

Name of Team Member / Title / Duty Location
(b)(6);(b)(7)(C) edical SME / Nakamoto Group

Name of Team Member / Title / Duty Location
(b)(6);(b)( / Safety SME / Nakamoto Group

Name of Team Member / Title / Duty Location
(b)(6);(b)(7)( / Security SME / Nakamoto Group

Name of Team Member / Title / Duty Location
/ /

**F. CDF/IGSA Information Only**

| Contract Number | Date of Contract or IGSA |
|---|---|
| DROIGSA-06-00005 | 2/4/2016 |

Basic Rates per Man-Day
(b)(7)(E)

Other Charges: (If None, Indicate N/A)
(b)(7)(E)

Estimated Man-days Per Year
584,000

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:
ACA,

☐ Check box if facility has no accreditation[s]

**H. Problems / Complaints (Copies must be attached)**

The Facility is under Court Order or Class Action Finding
☐ Court Order ☐ Class Action Order

The Facility has Significant Litigation Pending
☐ Major Litigation ☐ Life/Safety Issues

☒ Check if None.

**I. Facility History**

Date Built
Construction began 1999/completed in 2004

Date Last Remodeled or Upgraded

Date New Construction / Bedspace Added
12/2006 - 03/2007 - added bed space, courtrooms and intake area. 5/2015 - added new ICE office building

Future Construction Planned
☐ Yes ☒ No Date:

| Current Bedspace | Future Bedspace (# New Beds only) |
|---|---|
| 1924 | Number: N/A Date: N/A |

**J. Total Facility Population**

Total Facility Intake for previous 12 months
9,179

Total ICE Mandays for Previous 12 months
513,064

**K. Classification Level (ICE SPCs and CDFs Only)**

| | L-1 | L-2 | L-3 |
|---|---|---|---|
| Adult Male | N/A | N/A | N/A |
| Adult Female | N/A | N/A | N/A |

**L. Facility Capacity**

| | Rated | Operational | Emergency |
|---|---|---|---|
| Adult Male | 1465 | 1924 | 2000 |
| Adult Female | N/A | N/A | N/A |

☐ **Facility holds Juveniles Offenders 16 and older as Adults**

**M. Average Daily Population**

| | ICE | USMS | Other |
|---|---|---|---|
| Adult Male | 1530 | n/a | n/a |
| Adult Female | N/A | N/A | N/A |

**N. Facility Staffing Level**

| Security: | Support: |
|---|---|
| (b)(7)(E) | |

## Significant Incident Summary Worksheet

For The Nakamoto Group to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE detainees at your facility.

| ***Incidents*** | ***Description*** | Jan – Mar | Apr – Jun | Jul – Sept | Oct – Dec |
|---|---|---|---|---|---|
| Assault: Offenders on Offenders[1] | Types (Sexual[2], Physical, etc.) | Physical-7 Sexual-1 | Physical-9 Sexual-2 | Physical-22 Sexual-1 | Physical-5 Sexual-3 |
| | With Weapon | 1 | 0 | 0 | 0 |
| | Without Weapon | 7 | 11 | 22 | 8 |
| Assault: Detainee on Staff | Types (Sexual Physical, etc.) | Physical-3 Sexual-1 | N/A | Sexual | Physical-2 Sexual-1 |
| | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 4 | 0 | 1 | 3 |
| Number of Forced Moves, incl. Forced Cell moves[3] | | 7 | 4 | 6 | 7 |
| Disturbances[4] | | 0 | 0 | 1 | 0 |
| Number of Times Chemical Agents Used | | 4 | 3 | 4 | 4 |
| Number of Times Special Reaction Team Deployed/Used | | 0 | 0 | 1 | 0 |
| # Times Four/Five Point Restraints applied/used | Number/Reason (M=Medical, V=Violent Behavior, O=Other) | 0 | 0 | 0 | 0 |
| | Type (C=Chair, B=Bed, BB=Board, O=Other) | 0 | 0 | 0 | 0 |
| Number of Times Canines Used in Facility | | 0 | 0 | 0 | 0 |
| Offender / Detainee Medical Referrals as a result of injuries sustained. | | 0 | 0 | 0 | 0 |
| Escapes | Attempted | 0 | 0 | 0 | 0 |
| | Actual | 0 | 0 | 0 | 0 |
| Grievances: | # Received | 87 | 46 | 178 | 97 |
| | # Resolved in favor of Offender/Detainee | 3 | 5 | 32 | 3 |
| Deaths | Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other) | 0 | 0 | 0 | 0 |
| | Number | 0 | 0 | 0 | 0 |
| Psychiatric / Medical Referrals | # Medical Cases referred for Outside Care | 0 | 1 | 0 | 0 |
| | # Psychiatric Cases referred for Outside Care | 0 | 0 | 0 | 0 |

[1] Any attempted physical contact or physical contact that involves two or more offenders

[2] Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

[3] Routine transportation of detainees/offenders is not considered "forced"

[4] Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

| DHS/ICE Detention Standards Review Summary Report | | | | | | |
|---|---|---|---|---|---|---|
| 1. Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable | | 1 | 2 | 3 | 4 |
| **PART 1 SAFETY** | | | | | |
| 1 | Emergency Plans | ☒ | ☐ | ☐ | |
| 2 | Environmental Health and Safety | ☒ | ☐ | ☐ | |
| 3 | Transportation (By Land) | ☐ | ☐ | ☐ | ☒ |
| **PART 2 SECURITY** | | | | | |
| 4 | Admission and Release | ☒ | ☐ | ☐ | |
| 5 | Classification System | ☒ | ☐ | ☐ | |
| 6 | Contraband | ☒ | ☐ | ☐ | |
| 7 | Facility Security and Control | ☒ | ☐ | ☐ | |
| 8 | Funds and Personal Property | ☒ | ☐ | ☐ | ☐ |
| 9 | Hold Rooms in Detention Facilities | ☒ | ☐ | ☐ | |
| 10 | Key and Lock Control | ☒ | ☐ | ☐ | |
| 11 | Population Counts | ☒ | ☐ | ☐ | |
| 12 | Post Orders | ☒ | ☐ | ☐ | |
| 13 | Searches of Detainees | ☒ | ☐ | ☐ | |
| 14 | Sexual Abuse and Assault Prevention and Intervention | ☒ | ☐ | ☐ | |
| 15 | Special Management Units | ☒ | ☐ | ☐ | |
| 16 | Staff-Detainee Communication | ☒ | ☐ | ☐ | |
| 17 | Tool Control | ☒ | ☐ | ☐ | |
| 18 | Use of Force and Restraints | ☒ | ☐ | ☐ | |
| **PART 3 ORDER** | | | | | |
| 19 | Disciplinary System | ☒ | ☐ | ☐ | |
| **PART 4 CARE** | | | | | |
| 20 | Food Service | ☒ | ☐ | ☐ | |
| 21 | Hunger Strikes | ☒ | ☐ | ☐ | |
| 22 | Medical Care | ☒ | ☐ | ☐ | |
| 23 | Personal Hygiene | ☒ | ☐ | ☐ | |
| 24 | Suicide Prevention and Intervention | ☒ | ☐ | ☐ | |
| 25 | Terminal Illness, Advance Directives, and Death | ☒ | ☐ | ☐ | |
| **PART 5 ACTIVITIES** | | | | | |
| 26 | Correspondence and Other Mail | ☒ | ☐ | ☐ | |
| 27 | Escorted Trips for Non-Medical Emergencies | ☐ | ☐ | ☐ | ☒ |
| 28 | Marriage Requests | ☒ | ☐ | ☐ | ☐ |
| 29 | Recreation | ☒ | ☐ | ☐ | |
| 30 | Religious Practices | ☒ | ☐ | ☐ | |
| 31 | Telephone Access | ☒ | ☐ | ☐ | |
| 32 | Visitation | ☒ | ☐ | ☐ | |
| 33 | Voluntary Work Program | ☒ | ☐ | ☐ | ☐ |
| **PART 6 JUSTICE** | | | | | |
| 34 | Detainee Handbook | ☒ | ☐ | ☐ | |
| 35 | Grievance System | ☒ | ☐ | ☐ | |
| 36 | Law Libraries and Legal Material | ☒ | ☐ | ☐ | |
| 37 | Legal Rights Group Presentations | ☒ | ☐ | ☐ | |
| **PART 7 ADMINISTRATION & MANAGEMENT** | | | | | |
| 38 | Detention Files | ☒ | ☐ | ☐ | |
| 39 | News Media Interviews and Tours | ☒ | ☐ | ☐ | |
| 40 | Staff Training | ☒ | ☐ | ☐ | |
| 41 | Transfer of Detainees | ☒ | ☐ | ☐ | |

## LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

| Lead Compliance Inspector: (Print Name) | *Signature* (b)(6);(b)(7)(C) |
|---|---|
| (b)(6);(b)(7)(C) | |
| Title & Duty Location | Date |
| Lead Compliance Inspector, The Nakamoto Group, Inc. | 04/28/2016 |

**Team Members**

| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
|---|---|
| (b)(6);(b)(7)(C) Medical SME, The Nakamoto Group, Inc. | (b)(6);(b)(7)(C) , Safety SME, The Nakamoto Group, Inc. |
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| (b)(6);(b)(7)(C) Security SME, The Nakamoto Group, Inc. | |

**Recommended Rating:**

☒ **Meets Standards**
☐ **Does Not Meet Standards**

Comments: This inspection was conducted to determine overall compliance with the ICE Performance-Based National Detention Standards 2011 (42 standards), which include the following additions/changes to the standards listed on page three:

- Medical Care (Women), a new standard, was rated as N/A;
- Classification System is now titled Custody Classification System;
- Suicide Prevention and Intervention is now titled Significant Self-Harm and Suicide Prevention and Intervention;
- Escorted Trips for Non-Medical Emergencies is now titled Trips for Non-Medical Emergencies;
- News Media Interviews and Tours is now titled Interviews and Tours, and;
- Transfer of Detainees is now titled Detainee Transfer.

Medical services are provided by ICE Health Services Corps (IHSC). The facility reported no detainee suicides or serious suicide attempts since the previous inspection. Detainees are not charged medical co-pay fees.

Officers are trained in confrontation avoidance and resort to use of force only after all other efforts have failed. Oleoresin capsicum (OC)/pepper spray is available for use to control detainees, if necessary. Acts and techniques such as neck restraints; using batons to apply choke holds; intentional baton strikes to head, groin, solar plexus, kidneys; and striking a detainee for failure to obey an order are prohibited. Only ICE approved restraint equipment is authorized to restrain detainees, and deputies use ambulatory restraints where possible. The facility does not have Tasers on its equipment inventory. Canines are not brought into the facility.

There were fourteen allegations of sexual assault or abuse during the inspection period involving ICE detainees. Four of those allegations involved staff; two were unfounded and two were unsubstantiated. Of the remaining ten allegations, five were unsubstantiated, one was unfounded, and four were substantiated which included allegations of harassment or touching of the buttocks of another detainee.

During this inspection period there were nineteen uses of force of which one was calculated and the remainder were immediate. After each use of OC (five instances), detainees were immediately decontaminated and medically examined. A review of documentation related to these incidents confirmed that all procedures, documentation, and medical examinations required by policy were completed in a timely manner.

**Department of Homeland Security**
Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

***Condition of Confinement Inspection Worksheet***
*(This document must be attached to each G-324A Detention Review Form)*
***This Form is to be used for Inspections of Facilities used over 72 Hours***

# Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities

**REVIEW TEAM USE:** ***(Edits Permitted, ALL FIELDS REQUIRED)***

| **Facility Information** | | | |
|---|---|---|---|
| **Facility Name:** Stewart Detention Center | | | **Review Purpose:** Annual |
| **Facility Type:** IGSA<br>Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF) | | | |
| **Address:** | 146 CCA Road | | |
| **City:** Lumpkin | **State:** GA | | **Zip:** 31815 |
| **County:** | Stewart | | |
| **CEO Name** (b)(6);(b)(7)(C) | | | **CEO Title:** Warden |
| **Review Information** (Use following format for dates: mm/dd/yyyy) | | | |
| **Start Date:** 5/2/2017 | **End Date:** 5/4/2017 | | **Review Type:** Headquarters |
| **Lead Name:** (b)(6);(b)(7)(C) | | | **Lead Title:** LCI |
| **Review Document Issue Summary** (See Document Check Section to Review/Update) | | | |
| **Error(s) Found:** | 0 | **Items Not Rated:** | 0 |

**ICE HQ USE ONLY:** ***(DO NOT EDIT*)***

| | | |
|---|---|---|
| **Form Name:** (b)(6);(b)(7)(C) | **Form Key:** 8 | **Form Date:** 11/14/2012 |
| **Form Type:** PBNDS | **Form Review Type:** Annual | **Form Over/Under 72 Status:** O72 |

***If Edits are required, contact ICE HQ for an updated form.**

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## *INTRODUCTION TO THE G324A OVER 72 HOUR FACILITY DETENTION REVIEW WORKSHEETS*

The revised Performance-Based National Detention Standards (PBNDS 2011) were designed to better address the needs of ICE's detainee population while maintaining a safe and secure detention environment for staff and detainees. The revised standards build on the requirements of PBNDS 2008 to improve medical and mental health services, increase access to legal services and religious opportunities, improve communication with detainees with limited English proficiency, improve the process for reporting and responding to complaints, and increase recreation and visitation. The PBNDS 2011 follows the overall structure and organization of the PBNDS 2008, but adds one additional standard to Section 4 on Women's Medical Care, and applies certain italicized requirements to dedicated inter-governmental service agreement (IGSA) facilities, in addition to service processing centers (SPCs) and contract detention facilities (CDFs).

### WHAT IS "PERFORMANCE-BASED"?

Unlike "policy and procedures" that focus solely on what is to be done, performance-based policy starts with a focus on the results or outcomes that the required procedures are expected to accomplish. Each performance-based standard has been revised to produce Expected Outcomes that are clearly stated. Each standard reflects the overall mission and purpose of the agency and contributes to the goal that has been articulated.

Expected Practices found in the PBNDS represent what is to be done to accomplish the Expected Outcomes that will meet the Purpose and Scope of the detention standard.

### WORKSHEET OVERVIEW

Detention Review Worksheets are used to assess facility compliance with ICE detention standards. This set of worksheets is derived from the policies and procedures set forth in the PBNDS 2011. The G324A is for use with facilities that house detainees for over 72 hours.

Various line items in the worksheets have been designated as "Priority." Priority components replace mandatory components in earlier PBNDS 2008 worksheets, and represent those PBNDS requirements that ICE deems of critical importance for ensuring adequate conditions of confinement and the safety and security of detainees and staff at all ICE authorized detention facilities.



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## WORKSHEET COMPLETION

Reviewers are required to complete each item within each section of the G324A Detention Review Worksheets. Worksheets are in a uniform format with three columns, with PBNDS purpose and scope stated at the top of the worksheet. Column one contains the relevant standard line item. Column two contains a dropdown menu for each row where a rating can be assigned to a given line item. In addition to rating options for "Meets Standard" and "Does Not Meet Standard," there is an option for the review team to select "N/A." The "N/A" rating should be used only rarely and where applicable. In addition, the remarks section for each line item should be filled out in as much detail as possible. If the review team fails to assign a rating to a given line item, the default rating and thus the assigned rating on the worksheet will show as "Not Rated."

There is also a summary remarks and rating section at the end of each standard that must be completed by the assigned reviewer. The remarks should be filled out with sufficient detail to assist the Review Authority in accurately assessing overall facility compliance to the PBNDS.

# *Section I: SAFETY*

**Emergency Plans**
**Environmental Health and Safety**
**Transportation (By Land)**



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| STANDARD 1.1. EMERGENCY PLANS (Key: A) | | |
|---|---|---|
| This detention standard ensures a safe environment for detainees and employees by establishing contingency plans to quickly and effectively respond to emergency situations and to minimize their severity. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Staff are trained to identify signs of detainee unrest. | Meets Standard | A review of training records confirmed that employees are trained to watch for signs of mounting tension among the detainee population, such as a spike in the number of detainee requests and incident reports; sullen, restless and short-tempered behavior; and/or detainees avoiding contact/eye contact with staff members. |
| 2. All staff receive training in emergency preparedness during their initial orientation, and training on the facility's emergency plans at least annually. | Meets Standard | A review of documentation confirmed that all employees receive training in emergency preparedness during their initial training and receive training on the facility's emergency plans annually. |
| 3. PRIORITY: The facility shall have in place contingency plans for responding to emergencies, including a locally approved and annually updated evacuation plan. | Meets Standard | A review of documentation confirmed that the facility has contingency plans for responding to emergencies. The emergency plans include a locally approved evacuation plan that is updated annually. The evacuation plan was last reviewed and approved on 03/06/2016. |
| 4. Contingency plans shall include procedures for handling special needs detainees during an emergency or evacuation. | Meets Standard | Policy includes specific procedures for handling special needs detainees during an emergency or evacuation. |
| 5. The facility administrator shall notify facility staff in a timely manner when changes are made to the emergency plan. | Meets Standard | |
| 6. *(SPCs/CDFs) Each SPC and CDF shall develop contingency plans with local, State, and Federal law enforcement agencies and formalize those agreements with Memoranda of Understanding (MOUs). The facility administrator shall review and approve contingency plans at least annually.* | Meets Standard | This DIGSA facility has developed contingency plans with local, state and federal law enforcement agencies. Up-to-date MOUs are maintained and included in the plans. The OIC reviews and approves contingency plans at least annually. The contingency plans were last reviewed and approved on 05/04/2016. |


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| STANDARD 1.1. EMERGENCY PLANS (Key: A) | | |
|---|---|---|
| This detention standard ensures a safe environment for detainees and employees by establishing contingency plans to quickly and effectively respond to emergency situations and to minimize their severity. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. Every plan that is being developed or is final must include a statement prohibiting unauthorized disclosure. | Meets Standard | Every emergency plan includes the statement required by this component. |
| 8. The facility shall establish written policy and procedures addressing, at a minimum: chain of command, command post/center, staff recall, staff assembly, emergency response components, use of force, video recording, records and logs, utility shutoff, employee conduct and responsibility, public relations, facility security, etc. | Meets Standard | The emergency plans specifically address each of the topics required in this component. |
| 9. *(SPCs/CDFs) The facility shall set up a primary command post outside the secure perimeter that is equipped as per the Emergency Plan standard.* | Meets Standard | At this DIGSA facility, per the compliance officer, the maintenance shop office, located outside the secure perimeter, is designated as the primary emergency command post. The quality compliance officer also confirmed that the command post is equipped in accordance with the Emergency Plans standard. |
| 10. At least one video camera shall be maintained in the Control Center for use in emergency situations. | Meets Standard | |
| 11. Emergency plans include emergency medical treatment for staff and detainees during and after an incident. | Meets Standard | Emergency plans include the requirement for emergency medical treatment for employees and detainees during and after an incident. |
| 12. The FSA shall make contingency plans for providing meals to detainees and staff during an emergency, including access to community resources, which the FSA shall negotiate during the planning phase. | Meets Standard | The food service department maintains a fifteen-day food supply. The food service director has coordinated contingency plans with community resources for assistance during emergencies for meal preparation, if required. |
| 13. The plan shall include post-emergency procedures. | Meets Standard | Post-emergency procedures are specifically included in the emergency plan. |



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| STANDARD 1.1. EMERGENCY PLANS (Key: A) | | |
|---|---|---|
| This detention standard ensures a safe environment for detainees and employees by establishing contingency plans to quickly and effectively respond to emergency situations and to minimize their severity. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 14. Written procedures cover:<br>• Work/Food Strike<br>• Fire<br>• Environmental Hazard<br>• Detainee Transportation System Emergency<br>• ICE-wide Lockdown<br>• Staff Work Stoppage<br>• Disturbances<br>• Escapes<br>• Bomb Threats<br>• Adverse Weather<br>• Internal Searches<br>• Facility Evacuation<br>• Detainee Transportation System Plan<br>• Hostages (Internal)<br>• Civil Disturbances<br>• If needed, other site-specific plans | Meets Standard | Written procedures have been developed for each of the contingencies required by this component. |

**STANDARD 1.1. EMERGENCY PLANS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.)(5000 Character Max)*

A review of documentation, employee interviews and on-site observations confirmed that the facility ensures a safe environment for detainees and employees by having contingency plans in place to effectively respond to any emergency. Employees interviewed were knowledgeable of the plans and their individual responsibilities.

The compliance officer confirmed that in development of plans, the expertise of all department heads was solicited, and they were made aware of their responsibility to be fully ready to exercise that responsibility under the plan. An accurate inventory of equipment identified for use during implementation of the plan is maintained and reviewed at least every four months to ensure its accuracy.

The facility has designated individuals responsible for developing and implementing emergency contingency plans. The parent organization has plans that include procedures for rendering emergency assistance to other facilities in the form of supplies, transportation, and temporary housing, etc.

Policy states that emergency plans are updated as often as necessary and forwarded to the OIC for approval. The compliance officer maintains documentation to confirm that annual reviews are conducted with participation from every department head. A review of documentation confirmed that annual reviews and approval of the plan is recorded on the master copy of the contingency plan file, even if the review resulted in no changes.

The chief of security is responsible for developing and implementing emergency contingency plans and determines where copies of the various plans are to be stored and in what quantity. A review confirmed that a master copy of the plan is maintained outside the secure perimeter, along with an itemized list of plans and where they can be located.

| STANDARD 1.1. EMERGENCY PLANS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| The compliance officer maintains a checkout system that accounts for all plans at all times, with safeguards against detainee access. A confidential set of the emergency plans is located in the headquarters of the parent organization.<br><br>Emergency plans can be reviewed by staff at a designated area where plans are located and which detainee access is prohibited.<br><br>Plans include procedures for assisting detainees with special needs during emergency or evacuation. In an emergency, the facility ensures detainees with disabilities and detainees who are limited in their English proficiency (LEP) are provided with effective communication by as many means as possible.<br><br>General requirements for emergency plans implementation included in policy include: policy and procedure for alternative means of reaching the facility; how and when staff notify nearby residents if a situation could affect them, including type of emergency, actions being taken, evacuation routes if applicable, and special precautions; and types of radio equipment to be utilized during the emergency and the location of battery charging stations. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed)** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |



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| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B) | | |
|---|---|---|
| This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the:<br>• American Correctional Association,<br>• Occupational Safety and Health Administration,<br>• Environmental Protection Agency,<br>• Food and Drug Administration,<br>• National Fire Protection Association's Life Safety Code, and<br>• National Center for Disease Control and Prevention. | Meets Standard | Environmental health and safety conditions are maintained at a level consistent with the recognized safety and hygiene standards of the organizations listed in this component. |
| 2. A housekeeping plan will be developed for detainee living areas noted in the standards. The facility appears clean and well maintained. | Meets Standard | |
| 3. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials. | Meets Standard | Policy outlines the procedures for the inventory, issuing, storage and use of flammable, toxic and caustic materials. All chemicals are stored in secure locations with individual perpetual inventories being maintained. |
| 4. The Maintenance Supervisor or facility administrator designee shall compile:<br>• An up to date master index of all hazardous substances in the facility and their locations;<br>• A master file of MSDSs; and<br>• A comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.). | Meets Standard | The safety manager maintains up-to-date master indexes of all Safety Data Sheets (SDS). The master SDS files include the locations of all hazardous substances stored within the facility as well as emergency contact information. |
| 5. All personnel using flammable, toxic, and/or caustic substances follow prescribed safety procedures. | Meets Standard | |
| 6. The MSDS are readily accessible to staff and detainees in the work areas. | Meets Standard | |
| 7. Hazardous materials are always issued under proper supervision. | Meets Standard | Hazardous chemicals are dispensed through secure, automated distribution systems. Chemicals utilized in the housing units are issued to detainees in a diluted, non- hazardous state and are monitored by staff. |
| 8. All toxic and caustic materials stored in their original containers in a secure area. | Meets Standard | |



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| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B) | | |
|---|---|---|
| This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 9. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS. | Meets Standard | |
| 10. The facility program will be supervised by a person who has been trained in accordance with OSHA standards. | Meets Standard | The safety manager has completed OSHA 511 General Industry Training. |
| 11. PRIORITY: A qualified departmental staff member shall conduct weekly fire and safety inspections. | Meets Standard | Qualified departmental personnel have been trained to conduct and document weekly fire safety and sanitation inspections. |
| 12. Facility maintenance (safety) staff shall conduct monthly inspections. | Meets Standard | The safety manager conducts and documents monthly fire and safety inspections. |
| 13. The facility maintains files of inspection reports, including corrective actions taken. | Meets Standard | |
| 14. PRIORITY: The facility has an approved fire prevention, control, and evacuation plan. | Meets Standard | The facility has an approved fire prevention, control and evacuation plan. The plan was approved by the Georgia Office of Insurance and State Fire Commission on 03/06/2017. |
| 15. The plan requires:<br>• Monthly fire inspections.<br>• Fire protection equipment strategically located throughout the facility.<br>• Public posting of emergency plan with accessible building/room floor plans.<br>• Exit signs and directional arrows.<br>• An area-specific exit diagram conspicuously posted in the diagrammed area. | Meets Standard | The fire prevention, control and evacuation plan includes the elements listed in this component. |


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| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B) | | |
|---|---|---|
| This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 16. Fire drills are conducted and documented quarterly in all facility locations including the administrative area. | Meets Standard | Fire drills are conducted and documented monthly, to ensure that drills are held in every facility location at least quarterly. Drills are scheduled so that employees participate in a least one fire drill annually. Detainees are evacuated to areas of safe refuge except in areas where safety or security could be jeopardized. The evacuation of detainees in these areas is simulated. The exit diagrams are written in English and Spanish, and include "you are here" markers, emergency equipment locations and areas of safe refuge. |
| 17. PRIORITY: The facility administrator shall ensure licensed pest-control professionals perform monthly inspections to identify and eradicate rodents, insects and vermin, including a preventative spraying program for indigenous insects. | Meets Standard | Pest control services are provided monthly through a contract with a licensed pest control company. Preventative spraying occurs as needed. |
| 18. At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable Standards. | Meets Standard | |
| 19. Emergency power generators are tested as required by emergency plans and manufacturer's recommendations. | Meets Standard | Facility maintenance personnel conduct weekly testing of the emergency power systems. Periodic inspections and service are conducted by an outside vendor. Load testing of the emergency power generators is conducted in accordance with the manufacturer's recommendations. |


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| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B) | | |
|---|---|---|
| This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 20. (Medical Operations) Written procedures, to include an exposure-control plan in the event of a needle stick, regulate the handling and disposal of used needles and other sharp objects. | Meets Standard | The medical department has developed and implemented an exposure control plan for the medical clinic that addresses the management of potentially sharp objects (sharps), standard and transmission-based precautions, post-exposure prophylaxis and management, bloodborne pathogens and other potentially infectious materials, disposal of medical and hazardous waste, and cleaning and disinfection. Sharps and medical waste generated within the medical department or by medical staff are managed in accordance with the medical department's exposure control plan. There were no reported needle sticks in the last twelve months. |
| 21. (Medical Operations) Standard cleaning practices include:<br>• Using specified equipment; cleansers; disinfectants and detergents.<br>• An established schedule of cleaning and follow-up inspections. | Meets Standard | The cleaning and inspection schedules are consistent with the requirements listed in this component. Sanitation levels were observed to be maintained at an average level. |
| 22. (Medical Operations) Spill kits are readily available. | Meets Standard | |
| 23. (Medical Operations) A licensed medical waste contractor disposes of infectious/bio-hazardous waste. | Meets Standard | |
| 24. (Medical Operations) Staff are trained to prevent contact with blood and other body fluids and written procedures are followed. | Meets Standard | All employees are trained in standard precautions during initial orientation training and annually thereafter. Written procedures are in place. There have been no incidents requiring the implementation of the procedures. |
| 25. (Medical Operations) The Health Services Administrator conducts medical-facility inspections daily. | Meets Standard | |
| 26. The facility administrator designee shall: conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions. | Meets Standard | The safety manager provides oversight for the services and functions listed in this component. |



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| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B) | | |
|---|---|---|
| This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 27. The facility administrator designee for environmental health is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. | Meets Standard | The safety manager, in collaboration with the IHSC HSA, is responsible for developing and implementing policies, procedures and guidelines for the environmental health program. |

**STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Policies, procedures and practices protect detainees, staff members, volunteers and contractors from injury and illness by maintaining high standards of cleanliness and sanitation, safe work practices and control of hazardous substances and equipment. The evaluation of this standard was based on review of policies, interviews with the safety manager and a review of documentation. Sanitation levels were observed to be maintained at an average level during the inspection.

The safety manager is responsible for developing and implementing policies, procedures and guidelines for the environmental health program that evaluates and eliminates or controls as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases. Staff and detainees have ready and continuous access to the Safety Data Sheets (SDS) for substances with which they are working.

A review of training files and interviews confirmed individuals using hazardous materials are trained and knowledgeable of all prescribed precautions. Eye wash stations and personal protective equipment were observed throughout the facility. Staff is required to report any hazards or spills immediately to a supervisor. Observation of chemical storage areas verified accurate inventories are being maintained.

The facility has a fire alarm and detection system that includes an automatic sprinkler system for fire suppression in all areas of the facility. The fire prevention, control and evacuation plan, approved by the local fire chief, includes control of ignition sources; control of combustible and flammable fuel load sources; provision for occupant protection from fire and smoke; and the inspection, testing and maintenance of fire protection equipment in accordance with required codes. Fire drills are scheduled in accordance with the standard. A review of documentation revealed that key drills are being conducted. However, the documentation only indicated the time the keys were retrieved from the control room and did not indicate what time the keys arrived on the scene to unlock the emergency doors. The standard requires that the drills are timed with response times within the NFPA recommended four and one-half minutes.

Environmental health conditions were observed to be maintained at a level that meets recognized standards of hygiene. General cleaning procedures include isolation cleaning, terminal cleaning, blood and body fluid clean-up and the selection and use of disinfectants. Infectious waste is clearly labeled and doubled-bagged. The bags used for hazardous/infectious waste disposal (red bags) are impermeable and specifically designed for bio-hazardous waste storage. Standard precautions are followed by all personnel when handling untreated infectious waste. All items that pose a security risk, such as sharp instruments, syringes, needles and scissors are inventoried daily by designated personnel and weekly by the IHSC HSA or designee.

The facility has four barbershops that are in rooms used only for barbering purposes. The floors were smooth, nonabsorbent and easily cleaned. The walls and ceiling were in good repair and painted in a light color. The lavatories in each barbershop had both hot and cold running water with sanitation regulations conspicuously posted on the wall. The barbershops have the equipment and facilities necessary for maintaining sanitary procedures for hair care.

| STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| The facility provides communication assistance to LEP detainees and detainees with disabilities. This is achieved via bilingual staff, translation services, and TTY.<br><br>An inspection of the facility reflected a positive environment. The evaluation of this standard was based on observations, review of inspection reports and interviews with staff and detainees. | |
| **Overall Rating:** Meets Standards | |
| **Reviewer Name (Print** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 05/04/2017 |
| **Reviewer Signature (for printed form submission):** | |



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## STANDARD 1.3. TRANSPORTATION (BY LAND) (Key: C)

This detention standard prevents harm to the general public, detainees, and staff by ensuring that vehicles used for transporting detainees are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

Standard N/A

**Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. The Facility Administrator shall develop and implement written policy, procedures and guidelines for the transportation of detainees. | N/A | |
| 2. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review. | N/A | |
| 3. To be assigned to a bus transporting detainees, an officer must have successfully completed the ICE/ERO bus-driver-training program or a comparable approved training program and all local state requirements for a Commercial Driver's License (CDL). | N/A | |
| 4. Supervisors maintain records for each vehicle operator. This includes certificate of completion from bus training program, most current physical exam used to obtain the CDL, and a copy of the CDL. | N/A | |
| 5. Maximum driving time (time on the road), for CDL operators, is governed by USDOT. | N/A | |
| 6. The transporting officer inspects the vehicle before the start of each detail. | N/A | |
| 7. Positive identification of all detainees being transported is confirmed. | N/A | |
| 8. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level. | N/A | |
| 9. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles. | N/A | |
| 10. Vehicles used for transporting detainees include equipment appropriate and necessary for transporting detainees with disabilities and special needs. | N/A | |
| 11. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. | N/A | |
| 12. The facility administrator shall establish the procedures and schedule for sanitizing facility vehicles. | N/A | |

## STANDARD 1.3. TRANSPORTATION (BY LAND) (Key: C)

This detention standard prevents harm to the general public, detainees, and staff by ensuring that vehicles used for transporting detainees are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

Standard N/A

**Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 13. Personal property of a detainee transferring to another facility:<br>• Is inventoried.<br>• Is inspected.<br>• Accompanies the detainee. | N/A | |
| 14. Except in emergency situations, a single transportation staff member may not transport a single detainee of the opposite gender. Minors shall be separated from unrelated adults at all times during transport and seated in an area of the vehicle near officers and under their close supervision. | N/A | |

## STANDARD 1.3. TRANSPORTATION (BY LAND) – Reviewer Summary

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

All detainee transportation is handled by ICE with the exception of local medical appointments or medical emergency trips.

**Overall Rating:** N/A

**Reviewer Name (Printe** (b)(6);(b)(7)(C) [redacted]

**Completion Date:** 5/4/2017

**Reviewer Signature (for printed form submission):**

# *Section II: SECURITY*

**Admission and Release**
**Custody Classification System**
**Contraband**
**Facility Security and Control**
**Funds and Personal Property**
**Hold Rooms in Detention Facilities**
**Key and Lock Control**
**Population Counts**
**Post Orders**
**Searches of Detainees**
**Sexual Abuse and Assault Prevention and Intervention**
**Special Management Units**
**Staff-Detainee Communication**
**Tool Control**
**Use of Force and Restraints**


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| STANDARD 2.1. ADMISSION AND RELEASE (Key: D) | | |
|---|---|---|
| This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The facility has implemented written policies and procedures for the intake and reception of newly arrived detainees and provided them with information about facility policies, rules and procedures. | Meets Standard | Policy requires that newly admitted detainees are provided with information about facility policies, rules and procedures. Detainees are issued the National Detainee Handbook and the local handbook during in-processing. Detainees are required to sign for receipt of the handbooks. Within 24 hours, detainees are provided with an orientation which consists of a face-to-face presentation by a caseworker, viewing of a facility-specific orientation video and the Know Your Rights video. The handbooks and videos are available in English and Spanish and describe facility policies, rules and procedures. The orientation is provided in a manner and language understood by each detainee. A Language Line service is available to all employees to facilitate the orientation. Detainees may ask questions during and following the orientation. |
| 2. At intake, detainees are searched, and their personal property and valuables checked for contraband, inventoried, receipted, and stored. | Meets Standard | During intake, the detainee is pat searched. Personal property is inventoried, receipted and stored. Contraband items are removed. Detainees sign a property inventory form. A copy of the signed inventory is provided to the detainee and a copy is placed in the property storage box. The original receipt is placed in the detention file. |
| 3. Each detainee's identification documents are secured in the detainee's A-file. | Meets Standard | Per policy and practice, original identification documents are immediately turned over to the ICE officer for placement in the A-file. |



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2018-ICLI-00023 6491

| STANDARD 2.1. ADMISSION AND RELEASE (Key: D) | | |
|---|---|---|
| This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 4. A medical screening will be conducted to protect the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items. | Meets Standard | A detainee is permitted to shower and is issued clean clothing, bedding, towels and personal hygiene items. Each detainee receives a medical screening by IHSC personnel prior to receiving a housing assignment. |
| 5. The facility shall comply with applicable federal laws to provide reasonable accommodations for detainees with disabilities and special needs. | Meets Standard | The facility is equipped per the Americans with Disabilities Act. Reasonable accommodations are provided as appropriate. |
| 6. Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband. | Meets Standard | Officers do not routinely require a detainee to remove clothing or require a detainee to expose private parts to search for contraband. During the admission process, detainees are provided a private area to remove clothing, shower and dress into facility-provided uniforms. |
| 7. Staff shall issue those clothing and bedding items that are appropriate for the facility environment and local weather conditions. | Meets Standard | |
| 8. Staff shall use the documentation accompanying each new arrival for identification and classification purposes. If the classification staff is not ICE/ERO employees ICE/ERO shall provide the information needed for classification. Under no circumstances may non-ICE/ERO personnel have access to the detainees A-File. | Meets Standard | Intake officers and the classification officer use the documentation accompanying each new admission for identification and classification purposes. The ICE officer provides the classification officer with the necessary documentation for classification. Non-ICE officers do not have access to the A-file. |
| 9. An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee. | Meets Standard | |



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2018-ICLI-00023 6492

| STANDARD 2.1. ADMISSION AND RELEASE (Key: D) | | |
|---|---|---|
| This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 10. PRIORITY: Facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Following the orientation, staff shall conduct a question-and-answer session. | Meets Standard | Detainees are issued the National Detainee Handbook and the local handbook during in-processing. Detainees are required to sign for receipt of the handbooks. Within 24 hours, detainees are provided an orientation which consists of a face- to-face presentation by a caseworker and a viewing of a facility-specific orientation video. The ICE Know Your Rights video is shown Monday through Friday morning in each housing unit. The handbooks and videos are available in English and Spanish and describe facility policies, rules and procedures. Detainees may ask questions during and following the orientation. |
| 11. The facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility. The handbook and supplement shall be in English and Spanish. | Meets Standard | Detainees are issued the National Detainee Handbook and the local handbook which fully describe all policies, procedures and rules in effect at the facility. The handbooks are available in English and Spanish. |
| 12. All releases are coordinated with ICE. | Meets Standard | ICE provides Form I-203 for all releases. |
| 13. Staff complete paperwork/forms for release as required. | Meets Standard | |
| 14. The facility returns each detainee's property upon release, and each detainee receives a receipt for personal property secured by the facility. | Meets Standard | |
| 15. PRIORITY: The facility has a system to maintain accurate records and documentation for admission, orientation, and release. | Meets Standard | The detention files accurately document the admission, orientation and release processes. An electronic record is also maintained on the offender management system (OMS) which includes information regarding admission, orientation and release. |



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2018-ICLI-00023 6493

| STANDARD 2.1. ADMISSION AND RELEASE (Key: D) | | |
|---|---|---|
| This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 16. PRIORITY: The time, point and manner of release from a facility shall be consistent with safety considerations and shall take into account special vulnerabilities.<br>Facilities that are not within a reasonable walking distance of, or that are more than one mile from, public transportation shall transport detainees to local bus/train/subway stations prior to the time the last bus/train leaves such stations for the day. If public transportation is within walking distance of the detention facility, detainees shall be provided with an information sheet that gives directions to and describes the types of transportation services available. | Meets Standard | ICE officers coordinate all detainee releases. The time, point and manner of release are consistent with safety considerations. Transport to public transportation is provided by an ICE officer or a facility officer. |
| 17. Facilities must provide transportation for any detainee who is not reasonably able to walk to public transportation due to age, disability, illness, mental health or other vulnerability, or as a result of weather or other environmental conditions at the time of release that may endanger the health or safety of the detainee. | Meets Standard | Public transportation is not within walking distance of the facility. Any detainee without transportation will be taken to the bus station or the airport. |
| 18. Prior to release, the detainee shall be notified of the upcoming release and provided an opportunity to make a free phone call to facilitate release arrangements. | Meets Standard | According to the ICE officer, the detainee is notified of the upcoming release and provided a telephone call to facilitate release arrangements. |
| 19. Detainees will be provided with a list of legal, medical, and social services that are available in the release community, and a list of shelter services available in the immediate area along with directions to each shelter. | Meets Standard | |
| 20. Detainees will be released with one set of non-institutionalized, weather-appropriate clothing. | Meets Standard | Detainees are provided with non-institutionalized, weather appropriate sweatshirts, sweat pants and/or jackets. |

**STANDARD 2.1. ADMISSION AND RELEASE – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of policy, detention files, the handbooks and the orientation materials, observation of the admission and transfer processes and interviews of ICE officers, intake officers and detainees confirmed that policy and procedures are in place to protect the community, detainees, staff, volunteers and contractors by ensuring secure and orderly operations when detainees are admitted to or transferred from this facility.

In order to provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with minor disabilities. This may be achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the Standard. Detainees requiring special housing accommodations and/or special care due to a disability are reviewed by medical personnel and classification personnel.

| STANDARD 2.1. ADMISSION AND RELEASE – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| Only male detainees are housed at this facility. Detainees are pat searched during intake. Policy requires that if reasonable suspicion warrants a strip search to detect contraband, prior approval of a supervisor must be obtained. The search takes place in an area that affords a reasonable degree of privacy. All strip searches must be documented on a Record of Search form. Before strip searching a detainee, an officer must first attempt to resolve his/her suspicions through less intrusive means. Whenever possible, medical personnel must be present to observe the strip search of a transgender detainee. According to the OIC and the compliance administrator, there have been no strip searches performed during in-processing during the previous twelve months.<br><br>Staff members are provided with adequate training on the intake process. A detainee is provided at least one free telephone call during the admission process. Detainees are permitted to change clothing in a private area. A staff member of the same gender is present immediately outside the change room to maintain security and be responsive, if necessary. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Print** (b)(6);(b)(7)(C) | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.2. CUSTODY CLASSIFICATION SYSTEM (Key: E) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees based on verifiable and documented data. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Each facility shall develop and implement a system for classifying detainees in accordance with This detention standard. Facilities may rely on the ICE Custody Classification Worksheet, adopt the ICE custody classification recommendation generated by an ICE Field Office when one is provided, or use a similar locally established classification system (subject to ICE/ERO approval), as long as the classification criteria are objective and uniformly applied, and all procedures meet ICE/ERO requirements. | Meets Standard | ICE uses the Risk Classification Assessment (RCA) tool to determine the appropriate custody level for each detainee. Concurrently, the classification officer completes the CoreCivic objective classification instrument. The classification criteria are objective and uniformly applied. |
| 2. Staff shall reference facts and other objective, credible evidence documented in the detainee's A-file, ICE automated records systems, criminal history checks, work-folders, or other objective sources of information during the classification process.<br>The classification process includes reassessment/ reclassification. | Meets Standard | ICE provides the applicable documentation required by this component. Detention files were reviewed and each included the required documentation. The classification policy includes a process for reassessments and reclassifications. |
| 3. *(SPCs/CDFs/DIGSAs) The custody classification recommendation generated by an ICE Field Office, when one is provided, or the point total from the ICE Custody Classification Worksheet, will determine the classification level of each detainee.* | Meets Standard | At this DIGSA facility, the custody classification level of each detainee is determined by the point total derived from the facility-specific objective classification instrument. |
| 4. The facility classification system includes: Classifying detainees upon arrival.<br>• Separating individuals who cannot be classified upon arrival from the general population.<br>• The first-line supervisor or classification supervisor reviews every classification decision. | Meets Standard | Detainees are kept separate from the general population until classified. The classification supervisor reviews every classification decision. |
| 5. Special consideration shall be given to any factor that would raise the risk of vulnerability, victimization or assault. Detainees who may be at risk of victimization or assault include, but are not limited to, persons who are transgendered, elderly, pregnant, physically disabled, suffering from a serious medical or mental illness, and victims of torture, trafficking, abuse, or other crimes of violence. | Meets Standard | |
| 6. At facilities where applicable, detainees are assigned color-coded uniforms, wristbands, or other means of custody identification to reflect classification levels. In IGSA's a similar system is utilized for each level of classification. | Meets Standard | Each ICE detainee is assigned a color-coded uniform and an identification card that corresponds with the assigned classification level. |


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| STANDARD 2.2. CUSTODY CLASSIFICATION SYSTEM (Key: E) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees based on verifiable and documented data. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. PRIORITY: Housing assignments are based on classification-level. Low custody detainees may not be commingled with high custody. | Meets Standard | Housing assignments are based on classification levels. Low custody detainees are not commingled with high custody detainees. |
| 8. PRIORITY: Low custody detainees may not have convictions that included an act of physical violence, or any history of assaultive behavior, and may not be housed with any medium custody detainee with a history of assaultive or combative behavior. | Meets Standard | Detainees who have convictions of physical violence or any history of assaultive behavior may not be classified as low custody. A low custody detainee may not be housed with a medium custody detainee who has a history of assaultive or combative behavior. |
| 9. Detainee work assignments are based upon classification designations. | Meets Standard | High custody detainees are not permitted to work outside their assigned housing unit. Low and medium custody detainees may be assigned jobs outside their housing units. |
| 10. The classification process includes reassessment/ reclassification. The first reassessment is to be completed 60 days to 90 days after the initial assessment. | Meets Standard | The first classification reassessment/reclassification is completed 60 to 90 days after the initial assessment. |
| 11. Subsequent classification reassessments are completed at 90 day to 120 day intervals. Special reassessments are completed within 24 hours before a detainee leaves the Special Management Unit, and at any other time when additional, relevant information becomes known. | Meets Standard | Policy states that subsequent classification assessments for general population detainees will be completed at 90 and 120 day intervals. Special reassessments are completed before the detainee leaves the special management unit (SMU) and at any other time when relevant information becomes known. |
| 12. The facility classification system shall include procedures for detainees to appeal their classification levels. Classification decisions, along with information on the appeal process, should be provided to the detainee in a language or manner understood by the detainee. | Meets Standard | Detainees are informed during the classification and orientation process and through the local handbook that they may appeal their classification custody designations to the classification officer. The handbook is provided in English and Spanish. Language Line is available for detainees who require additional language assistance. |



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| STANDARD 2.2. CUSTODY CLASSIFICATION SYSTEM (Key: E) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees based on verifiable and documented data. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 13. The Detainee Handbook explains the classification levels, with the conditions and restrictions applicable to each, and the procedures by which a detainee may appeal his or her classification. | Meets Standard | |

**STANDARD 2.2. CLASSIFICATION SYSTEM – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

In evaluating the standard, classification officers, records officers, housing unit officers and detainees were interviewed; housing units and work areas were observed; and policy, detention files, offender management system files and classification forms were reviewed. A classification system is in place which protects detainees, staff, contractors, volunteers and the community from harm. Detainees are classified using an objective classification tool. Housing and jobs are assigned based on the designated custody level. The classification appeal process and reassessment/reclassification procedures are explained in the detainee handbook and policy. The classification system ensures that detainees are placed and remain in the appropriate category and physically separated from detainees with non-compatible classification levels. Detainees of all custody classification levels are housed at this DIGSA facility. Officers assigned to classification duties are adequately trained in the ICE-specific classification process.

Detainees are processed for housing assignments within twelve hours of arrival at the facility. If the process takes longer, documentation is maintained as to what delayed the process. Detainees are not housed in the general population unit until appropriately classified. Per policy, medium custody detainees have no recent convictions for any offense listed under the highest section of the severity of offense guideline and no pattern or history of violent assaults, whether convicted or not.

In order to provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with disabilities. This is achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the Standard. Decisions regarding detainees with disabilities, LEP detainee, and/or detainees included under any SAAPI/DHS PREA protection or category will be made only after consideration of the disability, language difficulty, or SAAPI/PREA condition. Detainees requiring special housing accommodations and/or special care due to a disability are reviewed by medical staff and the classification supervisor.

The facility is managed in such a manner as to protect detainees from sexual assault or abuse. According to the classification supervisor, the placement of transgender and intersex detainees is consistent with the safety and security considerations of the facility, and placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee.

**Overall Rating:** Meets Standard

**Reviewer Name (Printe** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017

**Reviewer Signature (for printed form submission):**

| STANDARD 2.3. CONTRABAND (Key: F) | | |
|---|---|---|
| This detention standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: The facility follows a written procedure for handling contraband, including the detection, seizure of contraband, disputed ownership, detainee or government property defined as contraband, and the preservation, inventory, and storage of contraband as evidence of a crime. | Meets Standard | Policy includes written procedures that specifically address each of the requirements of this component. |
| 2. Contraband is retained as evidence for potential disciplinary action or criminal prosecution. | Meets Standard | Policy includes specific procedures on how contraband is retained as evidence for potential disciplinary action or criminal prosecution. |
| 3. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority. | Meets Standard | Policy includes the requirements of this component. |
| 4. Facilities with canine units only use them for contraband detection and not in the presence of ICE detainees. | N/A | Per the assistant chief of security, the facility does not have a canine unit and the use of canines from other agencies is not permitted. |
| 5. Detainees receive notification of contraband rules and procedures in the Detainee Handbook. | Meets Standard | |

**STANDARD 2.3. CONTRABAND – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of documentation and employee interviews confirmed that the facility protects detainees and employees and enhances facility security by identifying, detecting, controlling and properly disposing of contraband. The assistant chief of security confirmed that during this inspection period, no detainee has been involved in an incident in which hard contraband was confiscated.

Policy states that narcotics and other controlled substances not dispensed or approved by the medical department constitute hard contraband and that medication dispensed or approved by the medical department is hard contraband if found in the possession of a detainee for whom it was not prescribed, or if not used as prescribed. Employees must consult with the pharmacist or other medical staff when uncertain about whether prescribed medication represents contraband. Medical personnel determine the disposition of any medicine the detainee brings into the facility upon arrival.

The OIC determines when personal property items are excessive, and arranges to pay shipping costs to a third party chosen by the affected detainee. The OIC disposes of excess property in accordance with policy, after providing the detainee with written notice of the intent to destroy the property and how to prevent that outcome. The OIC determines whether contraband items will be destroyed and, upon determination, prepares documentation, describing what is to be destroyed and why.

Detainees are provided with ample opportunity to obtain proof of ownership or appeal the decision through the detainee grievance process. Policy states that for disciplinary contraband cases, the OIC defers the decision about property destruction until the disciplinary case is resolved and appeals are satisfied. At least two employees document in writing that they

| STANDARD 2.3. CONTRABAND – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| witnessed the destruction of detainee contraband property. A copy of the property disposal record is placed in the detainee's detention file.<br>The facility ensures that detainees with disabilities and detainees who are limited in their English proficiency (LEP) are provided with effective communication by as many means as possible. Any facility-approved auxiliary aids, services, or items used by a detainee with a disability are not considered contraband. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Print** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.4. FACILITY SECURITY AND CONTROL (Key: G) | | |
|---|---|---|
| This detention standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and events which pose risk of harm are prevented. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. At least one male and one female staff member are on duty at all times where both males and females are housed. | Meets Standard | Females are not housed in this facility. Policy includes the requirements listed in this component. |
| 2. Comprehensive annual staffing analysis determines staffing needs and plans and is reviewed and updated annually. | Meets Standard | Per the assistant chief of security, a comprehensive staffing analysis is conducted each year with budgeting and financial administrators and must be reviewed and approved by the OIC. |
| 3. Essential posts and positions are filled with qualified personnel. | Meets Standard | The assistant chief of security confirmed that essential posts and positions are filled with qualified personnel. |
| 4. *(SPCs/CDFs/DIGSAs) Detainees do not have access to the Control Center.* | Meets Standard | At this DIGSA facility, the assistant chief of security confirmed that detainees are not authorized access to the master control center. |
| 5. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center. | Meets Standard | The central control center is continuously staffed seven days a week and was observed to be secure and well-equipped. |
| 6. *(SPCs/CDFs/DIGSAs) The facility administrator shall establish procedures to implement the following Control Center requirements:*<br>*Round-the clock communications;*<br>*Maintenance of a list of the current home and cellphone number of every staff member assigned to the facility, including administrative/support services staff, Situation Response Teams (SRTs), Hostage Negotiation Teams (HNTs), and applicable law enforcement agencies.*<br>*Watch calls (officer safety checks) to the Control Center by all staff ordinarily shall occur every half-hour between 6:00 P.M. and 6:00 A.M. Individual facility policy may designate another post to conduct watch calls. Any exception for staff to not make watch calls as described requires approval of the facility administrator.* | Meets Standard | At this DIGSA facility, the central control center provides round-the- clock communications and maintains a list of the current home/cell phone numbers for those listed in this component. Per policy, officers make documented watch calls to the master control center every half-hour between the hours of 6:00 p.m. and 6:00 a.m. |
| 7. The front-entrance officer checks the identification of everyone entering or exiting the facility. | Meets Standard | Per policy and procedure, the front entrance officer checks the identification of everyone entering or exiting the facility. |

| STANDARD 2.4. FACILITY SECURITY AND CONTROL (Key: G) | | |
|---|---|---|
| This detention standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and events which pose risk of harm are prevented. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. All visits are officially recorded in a visitor logbook. | Meets Standard | All visitors are recorded in the visitor logbook maintained by the front entrance lobby officer. |
| 9. The facility has a secure visitor pass system. | Meets Standard | Procedures for the secure visitor pass system are included in policy. |
| 10. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports. | Meets Standard | Per policy, information about procedures, emergency situations and unusual incidents must be continually recorded in permanent post logbooks and shift reports. |
| 11. *(SPCs/CDFs/DIGSAs) Housing unit Post Orders in SPCs and CDFs shall follow the event schedule format, for example, "0515 Lights on" and shall direct the assigned officer to maintain a unit log of pertinent information regarding detainee activity. The shift supervisor shall visit each housing area and initial the log on each shift at least once per tour.* | Meets Standard | At this DIGSA facility, per policy, the housing unit officers are required to maintain a unit log and follow the event schedule format documenting pertinent information regarding detainee activities. The shift supervisor visits each housing area and initials the log on each shift. |
| 12. Security officer posts shall be located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. | Meets Standard | Security officer posts are located inside each housing unit, which allows the officers to see, hear and respond promptly to emergency situations. |
| 13. Detainee movement from one area to another area is controlled by staff. | Meets Standard | Per policy and procedure, detainee movement from one area to another area is controlled by staff. |
| 14. PRIORITY: No detainee may ever be given authority over, or be permitted to exert control over, any other detainee. | Meets Standard | The statement that no detainee shall be given authority over other detainees is included in policy. The assistant chief of security confirmed adherence to the requirements of this component. |
| 15. The facility administrator, designated assistant facility administrator, security supervisors, and others designated by the facility administrator shall be required to visit all housing units at least weekly to observe living conditions and interact informally with detainees. | Meets Standard | Documentation is maintained to verify that supervisory employees and others visit all housing units at least weekly, as required by policy. |
| 16. The facility has a comprehensive security inspection policy. | Meets Standard | |



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| STANDARD 2.4. FACILITY SECURITY AND CONTROL (Key: G) | | |
|---|---|---|
| This detention standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and events which pose risk of harm are prevented. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 17. Documentation of security inspections is kept on file. | Meets Standard | Officers assigned to security posts are required to conduct security inspections. The results of these inspections are recorded in the post logbooks and on formalized inspection forms which are forwarded to the shift supervisor. |
| 18. Daily procedures include:<br>• Perimeter alarm system tests.<br>• Physical checks of the perimeter fence.<br>• Documenting the results. | Meets Standard | Per policy and procedure, documentation is maintained by the chief of security to verify that physical checks of the perimeter alarm system and the perimeter fence are conducted daily. |

**STANDARD 2.4. FACILITY SECURITY AND CONTROL – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Employee interviews, observations and review of documentation confirmed that the facility protects the community, employees, contractors, volunteers and detainees from harm by having the policy, operating procedures and the trained work force necessary to prevent events which create risk of harm and to ensure security is maintained at all times.

The compliance officer confirmed that all ICE/ERO employees are required to wear ICE/ERO issued identification cards. To account for employees entering/exiting the facility, every employee is issued an identification card that must be presented to the entrance officer upon entering and when departing the facility. While in the facility, employees must have the identification card in their possession at all times. For tracking the arrivals and departures of contract employees, the OIC has established policy and procedures that require all contract employees to have a contract employee identification card that must be presented upon entering and upon departing the facility.

The rear-gate entrance officer controls all vehicular traffic entering and leaving the facility. Prior to permitting entry, the officer checks the driver's license of the driver entering into the facility, checks for proof of insurance, and checks the identification of every passenger in the vehicle. While the vehicle is within the secure perimeter, the officer holds the driver's license or identification of every person in the vehicle. The officer logs the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, vehicle contents, date, time in, time out, and facility employee responsible for the vehicle on-site. The rear-gate entrance officer searches the vehicle before it enters or leaves the facility. All drivers making deliveries must submit to a personal search and questioning about items considered contraband. Policy includes all of the procedures required of the rear-gate entrance officer.

The SMU officer checks the inventory of tools entering and leaving the SMU.

To provide detainees with meaningful access to its programs and activities, the facility ensures that detainees with disabilities and detainees who are limited in their English proficiency (LEP) are provided with effective communication by as many means possible.

Per the assistant chief of security, in determining adequate levels of detainee supervision and determining the need for video monitoring, the OIC has taken into consideration generally accepted detention and correctional practices, any judicial findings

| STANDARD 2.4. FACILITY SECURITY AND CONTROL – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| of inadequacy, the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as other incidents reflecting on facility security and detainee safety, the findings and recommendations of sexual abuse incident review reports or other findings reflecting on facility security and detainee safety, the length of time detainees spend in agency custody, and any other relevant factors.<br><br>The OIC ensures that the AFOD is notified of any physical assault on an ICE detainee by another detainee. This includes one or more detainees engaging in an act of violence against another ICE detainee or the intentional attempt to harm that detainee through force or violence, regardless of whether injury results or a weapon is used. The facility ensures a thorough investigation of any incidents of physical assault perpetrated on an ICE detainee.<br><br>The OIC ensures that the AFOD is notified of any incident or allegation of a physical assault perpetrated by staff against a detainee. This includes any incident or allegation of facility staff engaging in an act of violence against a detainee, or any intentional attempt to harm that detainee through force or violence, regardless of whether injury results or a weapon is used. The facility ensures a thorough investigation of any incident or allegation of staff-on-detainee physical assault, and staff determined to have perpetrated a physical assault on a detainee shall be appropriately disciplined; the results of the investigation shall be transmitted to the AFOD.<br><br>The facility administrator ensures that the AFOD is promptly notified of any incident or allegation of staff misconduct if that misconduct relates to treatment of ICE detainees, to the security or safety of the facility, or to compliance with detention standards or the provisions of the facility's contract with ICE. The AFOD is notified of any allegation of staff misconduct that is contained in a detainee grievance. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed** (b)(6),(b)(7)(C) | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |



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## STANDARD 2.5. FUNDS AND PERSONAL PROPERTY (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

**Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. All detention facilities are required to have written policies and procedures to:<br>• Account for and safeguard detainee property from time of admission until date of release;<br>• Inventory and receipt detainee funds and valuables;<br>• Inventory and receipt detainee baggage and personal property (other than funds and valuables);<br>• Inventory and audit detainee funds, valuables and personal property;<br>• Return funds, valuables and personal property to detainees being transferred or release; and<br>• Provide a way for a detainee to report missing or damaged property. | Meets Standard | Policy and procedures address all the requirements listed in this component. |
| 2. All facilities, at a minimum shall provide:<br>• A secured locker for holding large valuables, that can be accessed only by designated supervisor(s); and<br>• A baggage and property storage area that is secured when not attended by assigned admissions processing staff. | Meets Standard | Detainee property is searched, separated and stored in a secure property room. The property room is accessible only to designated supervisors and assigned staff. |
| 3. The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property. | Meets Standard | |
| 4. At admission, staff search and inventory detainee property only in the presence of the detainee, unless instructed otherwise by the facility administrator. | Meets Standard | |
| 5. The facility administrator shall establish whether and, how much cash each detainee may have in personal possession while in detention. | Meets Standard | Detainees may not have cash in their possession. |
| 6. Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/ERO official to be a true and correct copy. | Meets Standard | Identity documents are held in each detainee's A-file at the adjacent ICE sub-office. Upon request, ICE personnel provide detainees with copies that are certified to be true and correct. |



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2018-ICLI-00023 6505

## STANDARD 2.5. FUNDS AND PERSONAL PROPERTY (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

**Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 7. Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall correspond to the number of detainees assigned to that housing area. | Meets Standard | Individual secured lockers are available to each detainee for the storage of authorized personal property. Detainees are offered combination locks to secure their personal belonging. There are enough lockers to provide storage for each detainee assigned to the area. |
| 8. *(SPCs/CDFs/DIGSAs) Property discrepancies are immediately reported to the Chief of Security or equivalent.* | Meets Standard | Written policy requires that supervisory personnel are notified immediately when property discrepancies occur at this DIGSA facility. |
| 9. PRIORITY: Procedure ensures that:<br>• Detainee funds and small and large valuables are placed in a secure location;<br>• Medical staff determine the disposition of all medicine accompanying an arriving detainee;<br>• Detainees are able to keep a reasonable amount of personal property in their possession, provided it poses no threat to detainee safety or facility security; and<br>• Facilities return funds and valuables to detainees being transferred or released. | Meets Standard | A review of policy, procedures and observation of the intake process confirmed that detainee property is properly handled and secured as required by the elements listed in this component. |
| 10. For recordkeeping and accounting purposes, use of the G-589 Property Receipt form is mandatory to inventory any funds removed from a detainee's possession, and a separate form G-589 is required for each kind of currency and negotiable instrument. | Meets Standard | An electronic G-589 equivalent property receipt form is used at this DIGSA facility as permitted by the language in the standard. Separate forms are used for each type of currency and negotiable instruments. |

## STANDARD 2.5. FUNDS AND PERSONAL PROPERTY (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

**Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 11. *(SPCs/CDFs/DIGSAs) The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log. The supervisor shall:*<br>• *Verify the correctness of all G-589s or equivalents;*<br>• *Record the amount of cash and describe each item in the supervisors' property log; and*<br>• *Verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area.* | Meets Standard | A review of logbooks and interviews of staff in the intake area confirmed that accounting personnel sign the Intake Batch Pick-up Log (G-589 equivalent log) to verify that the cash envelopes have been picked up by that specific employee. A property log is maintained by intake staff. The shift supervisor verifies the proper disposition of the large property as well as the valuable property envelopes. |
| 12. *(SPCs/CDFs/DIGSAs) The Facility Administrator has established quarterly audits of baggage and non-valuable property.* | Meets Standard | Quarterly audits of baggage and non-valuable property are conducted and documented at this DIGSA facility. |
| 13. All facilities shall report and turn over to ICE/ERO all detainee abandoned property. | Meets Standard | |
| 14. PRIORITY: Facilities have and follow procedures for reporting and investigating incidents of detainee property loss or damage, and for reimbursing detainees for all validated property losses caused by facility negligence. The senior contract officer immediately notifies the designated ICE/ERO officer of all claims and outcomes. | Meets Standard | Policy dictates the procedures for reporting and investigating incidents of detainee property loss. This facility has on-site ICE staff who are notified in the event of a property loss. |

### STANDARD 2.5. FUNDS AND PERSONAL PROPERTY – Reviewer Summary

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The handbook informs detainees of policies and procedures concerning funds and personal property. Each detainee is permitted to keep, in his possession, reasonable quantities of approved personal property. To prevent overcrowding and related storage problems, detainees are permitted to send extra property to a third party of their choosing. If property is shipped during the detainee's stay, inventory records are adjusted. A copy of the new inventory is placed in the detainee's detention file and a copy provided to the detainee.

All detainee luggage and facility containers used for storing detainee personal property are secured in a tamper resistant manner and are only opened in the presence of the detainee. Personal property inventory forms contain date and time of admission; detainee's complete name and A-number; description, quantity and disposition of articles; general condition of the property and signatures of both the officer completing the inventory and the detainee. When a detainee is being released or transferred, staff compare signatures on the property receipt form and match cash funds, negotiable instruments and valuables against property descriptions on the G-589 equivalent forms. After the property check, the property is returned to the detainee. The detainee is required to sign the form indicating his receipt of all funds and personal property due to him.

| STANDARD 2.5. FUNDS AND PERSONAL PROPERTY – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| During the evaluation of this standard, policy was reviewed, staff and detainees were interviewed, and logbooks and documents were reviewed. Policy and procedures are in place to control and safeguard detainee personal property. All detainee funds, valuables and other personal property are properly searched, inventoried, receipted and secured. All funds are deposited in a drop safe located in the processing area. Funds are picked up each business day and reconciled by the funds and valuables officer. A review of receipts of deposits confirmed the process. Copies of all transactions are maintained in a log book maintained by the property supervisor.<br><br>To provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with disabilities. This is achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities.<br><br>Interviews with detainees revealed no complaints and there were no formal grievances filed regarding funds or personal property. Policy and practice address all areas required by the detention standard. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed)** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES (Key: I) | | |
|---|---|---|
| This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. *(SPCs/CDFs/DIGSAs constructed after 1999) Each Hold Room shall contain sufficient seating for the maximum room-capacity but shall contain no moveable furniture.* | Meets Standard | In this DIGSA facility, each hold room contains sufficient seating for the maximum room capacity. None of the hold rooms contained moveable furniture. |
| 2. *(SPCs/CDFs/DIGSAs constructed after 1999) Each Hold Room shall be equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels, in compliance with the Americans with Disabilities Act of 1990.* | Meets Standard | Each hold room in this DIGSA facility is equipped with stainless steel combination lavatory/toilet fixtures, with modesty panels, that are in accordance with the Americans with Disabilities Act of 1990. |
| 3. Each hold room shall be well-ventilated and well-lit. Detainees shall have access to potable water in hold rooms. | Meets Standard | |
| 4. PRIORITY: Detainees are not held in hold rooms for more than 12 hours. | Meets Standard | The time a detainee is placed in a hold room and the time he is removed are documented in a log book. Review of the log confirmed that detainees are not held in hold rooms for more than twelve hours. |
| 5. Male and females detainees are segregated from each other at all times. | Meets Standard | |
| 6. Unaccompanied minors (under 18) and parent(s) or legal guardians accompanied by minor children shall not be placed in Hold Rooms, unless they have shown or threatened violent behavior, have a history of criminal activity, or have given staff reasonable grounds to expect an escape attempt. | Meets Standard | Unaccompanied minors are never placed in hold rooms as minors are not housed at this facility. |
| 7. Persons exempt from placement in a Hold Room due to obvious illness, special medical, physical and or psychological needs, or other documented reasons shall be seated in an appropriate area designated by the facility administrator outside the Hold Room, or in separate rooms, under direct supervision and control, barring an emergency. | Meets Standard | The intake sergeant stated that any time a detainee with obvious illness, special medical, physical and/or psychological needs or other documented reasons is received at the facility, the detainee is kept under direct supervision and medical personnel are consulted. |

| STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES (Key: I) | | |
|---|---|---|
| This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. To the extent practicable in a hold room situation, detainees with known or readily apparent disabilities, including temporary disabilities, shall be housed in manner that accommodates their mental and/or physical condition(s) and provides for their safety, comfort and security. | Meets Standard | Medical personnel are consulted any time a detainee with special needs is received at the facility. The detainees are housed in accordance with the instructions provided by the medical authority. |
| 9. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes. | Meets Standard | |
| 10. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis. | N/A | All hold rooms used for ICE detainees have toilet facilities. |
| 11. All detainees are given a pat down search for weapons or contraband before being placed in the hold room. | Meets Standard | Per policy and procedure, detainees are pat-searched for weapons or other contraband prior to being placed in a hold room. |
| 12. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems. | Meets Standard | Intake officers closely screen and observe each detainee for obvious mental or physical problems prior to placing them in a hold room. |
| 13. Each detention facility maintains a detention log for each detainee placed in a hold cell. | Meets Standard | A detention log is maintained for each detainee placed in a hold cell. |
| 14. Officers provide a meal to any detainee detained in a hold room for more than six hours. Pregnant women have access to snacks, milk or juice. | Meets Standard | The intake sergeant confirmed that officers provide detainees with each of the requirements of this component. |
| 15. Staff shall ensure that sanitation, temperatures and humidity in Hold Rooms are maintained at acceptable and comfortable levels. Pregnant women and others with evident medical needs will have temporary access to temperature appropriate clothing and blankets. | Meets Standard | Officers assigned to the intake area ensure the temperature and humidity in the hold rooms are maintained at comfortable levels. Pregnant detainees are not housed at this facility. |
| 16. PRIORITY: Officers closely supervise hold rooms through direct supervision, to ensure:<br>• Continuous auditory monitoring,<br>• Visual monitoring at irregular intervals at least every 15 minutes,<br>• Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. | Meets Standard | Per policy and procedure, officers closely supervise hold rooms through direct supervision. This direct supervision ensures that each of the elements listed in this component is positively addressed. Documentation is maintained to verify practice is consistent with policy. |



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| STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES (Key: I) | | |
|---|---|---|
| This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 17. The maximum occupancy for the hold room will be posted. | Meets Standard | On-site observations confirmed that the maximum occupancy is posted for each hold room. |
| 18. When the last detainee has been removed, officers shall ensure the Hold Room is thoroughly cleaned and inspected. | Meets Standard | |
| 19. *(SPCs/CDFs/DIGSAs) Evacuation procedures shall include posting the evacuation map and advance designation of the officer responsible for removing detainees from the Hold Room(s) in case of fire and/or building evacuation.* | Meets Standard | At this DIGSA facility, an evacuation map is posted in various locations in the hold room area. All intake officers are assigned the responsibility for removing detainees from all hold rooms in case of fire and/or building evacuation. |

**STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of documentation, employee interviews and on-site observations verified that the facility has policy and procedures in place to maintain hold rooms for the temporary detention of detainees awaiting removal, transfer or other processing into or out of the facility. Detainees temporarily held in hold rooms are provided with a safe, secure and comfortable environment. Under the direct supervision of processing officers, detainees temporarily held in hold rooms are provided with a safe, clean, secure and comfortable environment. All services, medical evaluations, classification and meals, when required, are provided in a timely manner. The facility ensures that detainees with disabilities and detainees who are limited in their English proficiency (LEP) are provided with effective communication by as many means as possible.

The intake sergeant confirmed that detainees awaiting a medical visit are always seen within one hour.

Officers inspect parcels, suitcases, bags, bundles, boxes and other property before accepting any item of detainee property.

The intake sergeant confirmed that no officer may enter a hold room unless another officer is stationed outside the door, ready to respond as needed. Officers do not carry firearms, pepper spray, a baton or any other non-lethal force devices into a hold room. Per policy, detainees are not permitted to use tobacco products in a hold room.

According to policy, when a detainee is removed from a hold room for medical treatment, an officer detail shall accompany and remain with that detainee until medical personnel determine whether the condition requires hospitalization. Per policy, any detainee with a disability, including temporary disabilities, must be held in a manner that provides for his safety, comfort and security.

Any minor (persons under 18) is moved within 72 hours to an approved facility designated for the placement of unaccompanied minors. Any minor is held apart from adults, minimizing sight, sound, and physical contact, unless the juvenile is in the presence of an adult member of the family unit (determined through reliable evidence of a family relationship) or legal guardian, and provided there are no safety or security concerns with this arrangement.

Detainees with open, obvious, apparent, or other identified disabilities, including temporary disabilities, are housed in a manner that accommodates their disability and provides for safety, comfort and security. Before placing a detainee in a hold

| STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| room, an officer observes and evaluates whether the detainee presents any open, obvious or apparent disabilities, mental health concerns, or other special needs. If any such special needs, including any disabilities, or concerns, are apparent, the officer notifies appropriate staff. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |



~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

| STANDARD 2.7. KEY AND LOCK CONTROL (Key: J) | | |
|---|---|---|
| This detention standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. All staff shall be trained and held responsible for adhering to proper procedures for the care and handling of keys, including electronic key pads where they are used. Initial training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in subsequent annual training. | Meets Standard | All employees are trained and held responsible for adhering to proper procedures for the care and handling of keys and key pads. Initial training must be completed before an employee is issued keys. Key control is among the topics covered in subsequent annual refresher training. |
| 2. Each facility administrator shall establish the position of Security Officer, or at a minimum, assign a staff member the collateral security officer. The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command. | Meets Standard | The chief of security is the key control officer designated by the OIC. The armory sergeant has collateral duties as the security officer under the supervision of the key control officer. The security officer has a written position description that includes duties and responsibilities and chain of command. |
| 3. *(SPCs/CDFs) The Security Officer is responsible for all administrative duties, including recordkeeping, concerning keys, locks, and related security equipment.* | Meets Standard | At this DIGSA facility, the security officer is responsible for all administrative duties, including recordkeeping concerning locks and related security equipment. |
| 4. The Security Officer shall train and direct employees in key control, including electronic key pads where they are used. | Meets Standard | |
| 5. The facility maintains inventories of all keys, locks and locking devices. | Meets Standard | The key control officer is responsible for keeping inventories of all keys. The inventories of locks and locking devices are maintained in the armory. |
| 6. Facility policies and procedures address the issue of compromised keys, locks, and to ensure safe combination integrity. | Meets Standard | Policy includes specific procedures that address the issue of compromised keys, locks and safe combination integrity. |
| 7. Either deadbolts or deadlocks shall be used in detainee-accessible areas. Grand master-keying systems are not authorized. A master-keying system may be used only in housing units where detainees have individual room keys. | Meets Standard | |
| 8. The security key control officer shall implement a preventive maintenance program. The security key control officer shall maintain all preventive maintenance records. | Meets Standard | A preventive maintenance program has been implemented. The security officer maintains all preventive maintenance records. |

| STANDARD 2.7. KEY AND LOCK CONTROL (Key: J) | | |
|---|---|---|
| This detention standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 9. The Security Officer shall implement procedures for identifying every key ring and every key on each key ring, and for preventing keys from being removed from key rings, once issued. | Meets Standard | Key rings and every key on each key ring are identified. Key rings are secured to prevent keys from being removed. |
| 10. Emergency keys shall be on hand for every area to or from which entry or exit might be necessary in an emergency. | Meets Standard | A set of emergency keys, with keys to every area to or from which entry or exit might be necessary in an emergency, is maintained in the central control center. |
| 11. The facility has a written policy and implementation procedures to ensure key accountability. Facilities shall use standard system for the issuance and accountability of key rings. | Meets Standard | Per policy, keys are inventoried and accounted for on the midnight shift. The facility uses the Key Tracer system, an automated key storage system, and key boards that are located in the control center for the storage and issuance of keys. |
| 12. The facility administrator shall establish rules and procedures for authorizing use of restricted keys. | Meets Standard | Per policy, restricted keys may only be issued with shift supervisor approval. |
| 13. Pharmacy keys shall be strictly controlled. | Meets Standard | The key control officer confirmed that pharmacy keys are considered restricted keys. These keys are only issued to authorized pharmacy personnel. |
| 14. Keys to ICE and EOIR (Executive Office for Immigration Review) office and courtroom areas shall similarly be restricted and controlled. If a key is authorized for emergency withdrawal, a copy of the Restricted Key form is to be provided to ICE. | Meets Standard | Per the key control officer, keys to the offices maintained by ICE are under the exclusive control of ICE personnel. Keys to the courtroom offices are under the exclusive control of EOIR personnel. |
| 15. Officers shall store all their weapons in individual lockers before entering the facility. The facility administrator shall develop and implement site-specific procedures for controlling gun-locker access. | Meets Standard | |

| STANDARD 2.7. KEY AND LOCK CONTROL – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)* |
| On-site observations, employee interviews and review of documentation confirmed that the facility has policy and procedures in place to maintain and ensure an efficient system for the use, accountability and maintenance of all keys and locks. Documentation is maintained to verify key accountability procedures are complied with on each shift. |

| STANDARD 2.7. KEY AND LOCK CONTROL – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| Policy prohibits detainees from handling facility keys. The key control officer confirmed that key rings must be securely fastened to a belt with a metal clip or other approved device. Fastening keys to a belt loop is prohibited. Employees do not refer to key numbers or other means of key identification within earshot of a detainee and do not throw nor slide keys to one another. Employees are trained not to force locks and that if a key fails to operate a lock, a supervisor is to be notified immediately. Employees are informed during key control training that if a key breaks inside a lock, the employee maintains visual oversight of the lock until the problem is repaired. If the key breaks inside a padlock, the key control officer will remove the padlock for repairs. In every instance, the employee is required to submit a memorandum on the incident to the OIC.<br><br>Key covers are not used for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them.<br><br>The key control officer has completed an approved locksmith training program.<br><br>Policy requires written authorization prior to a key or key ring being issued on a 24 hour basis.<br><br>Entrance/exit door locks of housing units, work areas, chapels, gyms and other areas with room capacity of fifty or more people meet the standards specified in the Occupational Safety and Environmental Health Manual and in the National Fire Protection Association Life Safety Code. Doors are equipped with prison-type locking devices modified to function when pressure is applied from inside the room.<br><br>Individual doors to areas with room capacity of fifty or more people do not have more than one lock each. Padlocks are not used on exit doors or intermediate doors along the exit route.<br><br>Key-change requests must be submitted, in writing, to the facility chief of security. With prior approval from the OIC, only the security officer may add or remove a key from a ring. The splitting of key rings into separate rings is prohibited. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.8. POPULATION COUNTS (Key: K) | | |
|---|---|---|
| This detention standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and accountability for detainees. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count. | Meets Standard | Per policy and procedure, a minimum of one formal count is conducted each shift. A minimum of seven formal counts are conducted during a 24 hour period. The 7:30 p.m. count is a face-to-photo count. |
| 2. Each officer shall make irregular but frequent checks to verify the presence of all detainees in his or her charge. | Meets Standard | |
| 3. The facility Control Center shall maintain a master count. | Meets Standard | Per policy, the master count is maintained at the captain's podium which is located next to the control center. The central control center maintains the master count. |
| 4. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility. | Meets Standard | The intake sergeant maintains an out-count record of all detainees temporarily out of the facility. |
| 5. An emergency count shall be conducted when there is reason to believe a detainee is missing, or after a major disturbance has occurred. | Meets Standard | The requirements of this component are included in policy. |

**STANDARD 2.8. POPULATION COUNTS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of documentation, observations and employee interviews confirmed that the facility has policy and procedures in place to ensure around-the-clock accountability for all detainees. Informal counts are conducted when warranted and at random. The 3:00 p.m. formal count was observed on 05/03/2017. The count was conducted in accordance with policy and procedures.

Count procedures are strictly followed by officers. If the accuracy of a count is in doubt, officers conduct a recount. Officers do not rely on a roll call in performing the count. Unaccompanied officers never perform a count in an open area such as a housing unit or in food service. Per policy, when making night counts, officers use flashlights judiciously, but with sufficient light to make a positive identification of a living body. The officer must not count a detainee based on a part or parts of clothing, hair, shoes, or the appearance of a human form.

Per policy, detainees are not permitted to participate in the count nor the preparation or documentation of the count process. No detainee movement is allowed during the count process. All detainee units/areas are counted simultaneously with all detainees being counted at a specific location. Per policy, if a detainee is in the wrong count area, the detainee is escorted to the correct count area. If this occurs, officers in all count areas/units will recount and deliver the new count slip to the control officer. Movement does not resume until the count is verified and cleared.

Counting officers report their count by telephone to the shift supervisor at the captain's podium and then deliver a signed count slip to the shift supervisor. The shift supervisor verifies the accuracy of the count and the count is recorded in the master control center log. If a recount fails to clear, the shift supervisor conducts a face-to-photo count. Emergency counts

| STANDARD 2.8. POPULATION COUNTS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| are conducted in the same manner as formal counts and all detainees are returned to their housing units during such counts. All written materials provided to detainees are generally translated into Spanish. Where practicable, provisions for written translation are made for other significant segments of the population with limited English proficiency. Oral interpretation or assistance is provided to any detainee who speaks another language into which written material has not been translated or who is illiterate. The facility ensures that detainees with disabilities and detainees who are limited in their English proficiency (LEP) are provided with effective communication by as many means possible. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printe** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.9. POST ORDERS (Key: L) | | |
|---|---|---|
| This detention standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The facility administrator shall ensure that:<br>• There are written Post Orders for each security post,<br>• Copies are available to all employees,<br>• Written facility policy and procedures:<br>○ Provide official on-duty time for officers to read the applicable Post Orders when assigned to a post, and<br>○ Ensure that officers read those applicable Post Orders prior to assuming their posts. | Meets Standard | Each of the requirements of this component is addressed in policy. The chief of security confirmed practice is consistent with policy. |
| 2. Supervisors shall ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency. | Meets Standard | The assistant chief of security confirmed that supervisors ensure that officers understand the post orders, regardless of whether the assignment is temporary, permanent or due to an emergency. |
| 3. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty. | Meets Standard | Per the assistant chief of security, all correctional officers must be weapons-qualified prior to being assigned to an armed post. |
| 4. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:<br>Any staff member who is taken hostage is considered to be under duress, and<br>Any order issued by such a person, regardless of his or her position of authority, is to be disregarded. | Meets Standard | Post orders for armed posts and posts that control access to the facility perimeter include the statements required by this component. |
| 5. Specific instructions for escape attempts shall be included in the Post Orders for armed posts. | Meets Standard | Post orders for armed posts have specific escape instructions. |
| 6. Post Orders shall be kept current at all times and formally reviewed at least annually and updated as needed. | Meets Standard | Post orders are kept current at all times, formally reviewed annually and updated as needed. The last post order review was conducted 10/16/2016. |
| 7. Post Orders and logbooks are confidential and must be kept secure at all times and never left in an area accessible to detainees. | Meets Standard | Post orders and logbooks are considered confidential and are kept in a secure area not accessible to detainees. |
| 8. The facility administrator authorizes all Post Orders and changes. | Meets Standard | Per policy, the OIC authorizes all post orders and changes. |

**STANDARD 2.9. POST ORDERS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*



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| STANDARD 2.9. POST ORDERS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>A review of documentation and employee interviews confirmed that officers are provided all necessary guidance for carrying out their duties. Post orders have been established for every post and are available at each fixed post. Various security posts checked at random had up-to-date post orders. Officers interviewed were knowledgeable of their duties and responsibilities.<br><br>When necessary, the OIC develops post orders for non-permanent assignments (details, temporary housing units, emergency changes, etc.). If events preclude advance planning, the OIC issues a post order as soon as possible if the need arises. Officers familiarize themselves with the duties of the positions and remain aware of changes in operation and duties of that post. The chief of security supervises the preparation of all post orders.<br><br>Per policy, the post orders are based on ICE detention standards and policies and facility practices and specify the hours of each post. Post orders are issued in a policy format. Per policy, the housing unit post orders follow the daily event schedule format.<br><br>The post orders are based on and consistent with the detention standard on Use of Force and Restraints. The chief of security determines whether post orders need updating between regular annual reviews. Immediately prior to annual reviews security supervisors solicit written suggestions for changes or additions to post orders from ICE/ERO, contract staff, and other affected staff. Security supervisors review and comment on suggested changes prior to submitting them to the chief of security for possible inclusion in the post orders. The post order changes are forwarded to the OIC for approval. Emergency changes are made by memorandum and placed in the post orders and these changes are incorporated into the post orders during the next annual review.<br><br>The compliance officer maintains the post order master file which is available to all officers and post orders maintained on posts are secure from detainee access. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.10. SEARCHES OF DETAINEES (Key: M) | | |
|---|---|---|
| This detention standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: The facility has written policy and procedures governing searches of detainees and housing or work areas. The policies and procedures include the requirement that staff employ the least intrusive method of body search practicable, based on security concerns involved; and conduct searches without unnecessary force and in ways that preserve the dignity of detainees. | Meets Standard | Written policy addresses all of the component requirements. |
| 2. All staff who do housing or work area searches or body searches shall receive initial training regarding search procedure prior to entering on duty, and annual training in effective techniques thereafter. | Meets Standard | Training on search procedures is provided during initial training and annual in-service training. |
| 3. The facility shall establish procedures to ensure all housing units and work areas are searched routinely, but irregularly. | Meets Standard | |
| 4. Staff shall maintain written documentation of each housing unit search within the individual housing unit. | Meets Standard | Housing unit searches are documented in the unit log by the housing unit officer. |
| 5. Work areas shall be searched each workday by shop supervisors, and these inspections shall be supplemented with periodic searches by designated search teams. | Meets Standard | Work areas are searched daily. Searches are documented. Additional searches are conducted by security staff and documented in a shakedown log. |
| 6. Strip searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor. | Meets Standard | There have been eleven strip searches during the last twelve months. All of the strip searches were conducted according to medical protocols for suicide watches. The strip searches were properly authorized by a supervisor. |
| 7. PRIORITY: Strip searches are performed by an officer of the same gender as the detainee. | Meets Standard | According to policy and practice, strip searches are performed by an officer of the same gender as the detainee. There were eleven strip searches conducted during the inspection period. All strip searches were performed by the same gender as the detainee. |

| STANDARD 2.10. SEARCHES OF DETAINEES (Key: M) | | |
|---|---|---|
| This detention standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person. Body cavity searches are performed in an area that affords privacy from other detainees and from facility staff who are not involved in the search. | Meets Standard | A body cavity search must be performed by health care personnel at an off-site health care facility. There have been no body cavity searches since the last annual inspection. |
| 9. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures. | Meets Standard | There has been no detainee housed in dry cell status during the last twelve months. Component requirements are outlined in policy and post orders. |
| 10. The chief of security shall have post orders for closely observing a detainee in dry cell status. | Meets Standard | |

**STANDARD 2.10. SEARCHES OF DETAINEES – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

In evaluating this standard, policies, logbooks, post orders and strip search forms were reviewed; detainee searches were observed; and officers, chief, compliance officer and housing unit officers were interviewed. Written policy and procedures are in place to enhance facility security and good order by detecting, controlling and properly disposing of contraband. Pat searches of detainees and metal detector screenings are conducted routinely to control contraband. Per written policy, pat searches must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. Security staff are trained in proper procedures for conducting pat searches, including cross-gender pat searches and searches of transgender and intersex detainees. Cross-gender pat searches of male detainees are not conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat search is required, or in other exigent circumstances. The facility does not house female detainees.

Strip searches are recorded on the Record of Search form. All visitation is non-contact.

The facility does not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner.

In order to provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with minor disabilities. This may be achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the Standard. Detainees requiring special housing accommodations and/or special care due to a disability are reviewed by medical and classification personnel. If appropriate accommodations cannot be provided, the detainee is transferred to another facility.

The facility does not have a canine unit and canine units are not used to perform searches inside the secure perimeter.

| STANDARD 2.10. SEARCHES OF DETAINEES – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Pri** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Each facility has written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program that includes, at a minimum:<br>• A zero-tolerance policy for all forms of sexual abuse or assault;<br>• Measures taken to prevent sexual abuse or assault, including the designation of specific staff members responsible for staff training and detainee education regarding issues pertaining to sexual assault;<br>• Procedures for immediate reporting of any allegation of sexual abuse or assault through the facility's chain-of-command procedure, and to ICE/ERO, including written documentation requirements;<br>• Procedures for detainees to report allegations;<br>• Measures taken for prompt and effective intervention to address the safety and medical/mental health treatment needs of detainee victims, and to preserve and collect evidence;<br>• Procedures for referral of incidents to appropriate investigative agencies (including law enforcement agencies and OPR), and coordination with such entities;<br>• Disciplinary sanctions for staff, up to and including termination when staff has violated agency sexual abuse policies; and<br>• Data collection and reporting. | Meets Standard | There is a Sexual Abuse and Assault Prevention and Intervention (SAAPI) program that includes each of the requirements listed in this component. |
| 2. The facility administrator maintains or attempts to enter into memoranda of understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. | Meets Standard | Agreements have been developed with community service organizations to provide legal advocacy and confidential emotional support services for detainee victims of sexual assault or abuse. |
| 3. PRIORITY: The facility administrator has designated a Sexual Abuse and Assault Prevention and Intervention Program Coordinator for the facility. | Meets Standard | The OIC has designated a Prevention of Sexual Assault (PSA) compliance manager. |

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 4. PRIORITY: Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program is included in initial and annual refresher training for employees, volunteers, and contract personnel, and address all training topics required by the Detention Standard. The facility maintains written documentation verifying employee, volunteer, and contractor training. | Meets Standard | A review of training files verified all personnel, volunteers and contractors receive initial and annual refresher training which addresses all the training topics required by the standard. |
| 5. PRIORITY: Detainees are informed about the facility's Sexual Abuse and Assault Prevention and Intervention Program and zero-tolerance policy for sexual abuse and assault through the orientation program and the detainee handbook. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands. | Meets Standard | Detainees are informed about the facility's SAAPI program and zero-tolerance policy for sexual abuse and assault through a SAAPI orientation video, housing for 24-48 hours in the SAAPI orientation unit, the facility handbook, and National Detainee Handbook, which are both provided during in-processing, town hall-style meetings two times a month and postings throughout the facility. All information is provided in English and Spanish and other languages as needed. |
| 6. The Sexual Assault Awareness Notice, along with the names of the program coordinator and local organizations that can assist detainees who have been victims of sexual assault, is posted on all housing unit bulletin boards. The "Sexual Assault Awareness Information" brochure is distributed to detainees. | Meets Standard | The sexual assault awareness notice, along with the names of the PSA compliance manager and local organizations that can assist detainees who have been victims of sexual assault, is posted on all housing unit bulletin boards, as well as, throughout the facility. The information brochure has been printed in its entirety in the National Detainee Handbook which is distributed to all detainees at the time of admission. |



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| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. Detainees are provided the option to report any incident of sexual abuse or assault to any staff member, including a designated staff member other than an immediate point-of-contact line officer (e.g. the program coordinator or a mental health specialist). | Meets Standard | Per policy, detainees are provided the option to report any incident of sexual abuse or assault to any staff member including a designated staff member other than an immediate point-of-contact line officer, such as, the PSA compliance manager or a mental health specialist. |
| 8. PRIORITY: Detainees are screened upon arrival at the facility for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior.<br>Detainees identified as being at risk for sexual victimization are monitored and counseled, and placed in the least restrictive housing that is available and appropriate. | Meets Standard | Detainees are screened during in-processing by both medical and classification personnel for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior. Per policy, detainees identified as being at risk for sexual victimization are monitored and counseled, and placed in the least restrictive housing that is available and appropriate. |
| 9. A detainee who is subjected to sexual abuse or assault is not returned to general population until proper re-classification, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault, is completed. | Meets Standard | Per policy, a detainee who is subjected to sexual abuse or assault is returned to general population only following the completion of re-classification which takes into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault. |
| 10. PRIORITY: Any detainee who alleges that he/she has been sexually assaulted is offered immediate protection from the assailant and referred for a medical examination and/or clinical assessment for potential negative symptoms. | Meets Standard | A detainee who alleges sexual assault is offered immediate protection from the assailant and referred for a medical examination/assessment for potential negative symptoms. |



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2018-ICLI-00023 6525

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 11. PRIORITY: Staff members who become aware of an alleged assault immediately follow the reporting requirements set forth in the written policies and procedures.<br>When a detainee(s) is alleged to be the perpetrator, the facility administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation, and reported to the Field Office Director.<br>When an employee, contractor, or volunteer is alleged to be the perpetrator, the facility administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation, and reported to the Field Office Director. The local government entity or contractor that owns or operates the facility is also notified. | Meets Standard | Policy requires all personnel who become aware of an alleged assault to immediately report the incident. Whether the alleged perpetrator is another detainee or an employee, contractor or volunteer, referrals are made to the county sheriff's department. The FOD would be immediately notified. |
| 12. The facility uses a coordinated, multidisciplinary team approach to responding to sexual abuse, which includes a medical practitioner, a mental health practitioner, a security staff member, and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise. | Meets Standard | The facility uses a multidisciplinary team approach which includes medical and mental health practitioners, security personnel, local sheriff's department and representatives from community resources that provide relevant services and expertise. |
| 13. Care is taken to place a victimized detainee in a supportive environment that represents the least restrictive housing option possible (e.g. protective custody), but victims are not held for longer than five days in any type of administrative segregation except in highly unusual circumstances or at the request of the detainee. | Meets Standard | A victimized detainee may be placed in a supportive environment that represents the least restrictive housing option possible but would not be held for longer than five days in any type of administrative segregation except in highly unusual circumstances or at the request of the detainee. |
| 14. PRIORITY: Staff suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation. | Meets Standard | Per policy, personnel suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation. |



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2018-ICLI-00023 6526

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 15. The facility ensures that all investigations into alleged sexual assault are prompt, thorough, objective, fair, and conducted by qualified investigators. Written procedures establish the coordination and sequencing of administrative and criminal investigations to ensure that the latter is not compromised by the former, including the process for conducting internal administrative investigations only after consultation with the assigned criminal investigative entity or after a criminal investigation has concluded. | Meets Standard | Written policy and procedure address each of the requirements listed in this component. |
| 16. Information concerning the identity of a detainee victim reporting sexual assault, and the facts of the report itself, are limited to those who have a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes. | Meets Standard | Per the PSA compliance manager, any information concerning the identity of a detainee victim reporting sexual assault, and the facts of the report, would be limited to those who have a need-to-know in order to make decisions concerning the detainee-victim's welfare and for investigative purposes. |
| 17. When possible and feasible, appropriate staff preserve the crime scene, and safeguard information and evidence in coordination with the referral agency and consistent with established evidence-gathering and evidence-processing procedures. | Meets Standard | When possible, personnel preserve the crime scene and safeguard information and evidence for investigative personnel. |
| 18. At no cost to the detainee, the facility administrator arranges for the victim to undergo a forensic medical examination by external independent and qualified health care personnel. The results of the physical examination and all collected physical evidence are provided to the investigative entity. | Meets Standard | Per policy, at no cost to the detainee, arrangements are made for the victim to have a forensic medical examination by external independent and qualified medical personnel. The results of the physical examination and all collected physical evidence are provided to investigative personnel. |
| 19. The program coordinator reviews the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts. | Meets Standard | Per the compliance manager, he reviews the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts. |



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2018-ICLI-00023 6527

| STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N) | | |
|---|---|---|
| This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 20. Victims are provided emergency medical and mental health services and ongoing care as appropriate, including testing for sexually transmitted diseases and infections, prophylactic treatment, emergency contraception, follow-up examinations for sexually transmitted diseases, and referrals for counseling (including crisis intervention counseling). | Meets Standard | Detainee victims are provided emergency medical and mental health services and ongoing care as needed including testing for sexually transmitted diseases (STDs) and infections, prophylactic treatment, follow-up examinations for STDs and referrals for counseling which includes crisis intervention counseling. |
| 21. All case records associated with claims of sexual abuse are maintained in a secure location, consistent with the confidentiality requirements of the Detention Standards on “Medical Care” and “Detention Files.” | Meets Standard | All case records associated with claims of sexual abuse or assault are maintained as required in a locked file drawer in the compliance manager's office. |
| 22. The program coordinator conducts an annual review of aggregate data regarding sexual abuse or assault incidents at the facility, and presents the findings to the Field Office Director and ICE/ERO HQ for use in determining whether changes are needed to existing policies and practices to further the goal of eliminating sexual abuse. | Meets Standard | The compliance manager is required to conduct an annual review of the aggregate data regarding sexual abuse or assault incidents and present the findings to ICE to determine the need for any changes in policy and procedure to further the goal of eliminating sexual abuse. The most recent annual review is dated 05/02/2017. |

**STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Approved policies ensure immediate protection to victims and include prevention, immediate reporting, prompt and effective intervention to address the safety and treatment needs of the detainee victim, victim advocate services, investigation and discipline of the assailant, data collection, and reporting and cooperating with all ICE audits and monitoring facility compliances. The compliance manager is responsible for detainee education regarding issues pertaining to sexual assault. Detainees are provided instructions on how to contact DHS/OIG or ICE to confidentially report sexual abuse or assault.

The designated PSA compliance manager assists with the development of written policies, procedures and training protocols, serves as a liaison with other agencies, coordinates the gathering of statistics and reports, reviews the results of every investigation and reviews facility practices to ensure required levels of confidentiality are maintained. Following the intake process, detainees are educated on the SAAPI program and on topics as detailed in the Standard. The facility documents detainee participation in the instruction session.

Detainees identified as "high risk" for committing sexual assault are assessed by a mental health or other qualified health care professional and treated, if indicated. Statements from detainees claiming to be victims of sexual assaults are taken seriously and professionally responded to.

**STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

If and when health care services and collection of forensic evidence are performed off-site: health care professionals conduct an examination and make referrals as indicated; evidence is collected using an approved kit; forensic evidence is secured and the chain of custody is maintained; testing is conducted for sexually transmitted diseases and infections and referrals for counseling are made, as appropriate; upon request, prophylactic treatment and follow-up examinations for sexually transmitted diseases are offered; after the physical examination, a mental health professional evaluates the need for crisis intervention, counseling and long-term follow-up. When the detainee has been transferred, the ICE is notified.

SAAPI case records include general files and administrative investigative files and are maintained chronologically, in accordance with medical care and detention standards and applicable policies, and retained in accordance with established schedules. Law enforcement sensitive documents or evidence are not stored at the facility.

Sexual and physical assaults are reported as required by ERO Memorandum "Protocol on Reporting and Tracking of Assaults", dated 06/08/2006. Staff are required to immediately report any knowledge, suspicion, or information regarding sexual abuse; retaliation against detainees or staff who report an incident; and any staff neglect or violation of responsibilities contributing to an incident or retaliation. Staff accept reports made verbally, in writing, anonymously, and from third parties and promptly document them. Third party reports are accepted via any means communicated and the facility has informed the public about how to report sexual abuse on behalf of a detainee. The field office reports potentially criminal allegations to the OPR Joint Intake Center. When the facility receives an allegation of sexual abuse that allegedly occurred at another facility, the FOD and the administrator at the facility where the alleged abuse occurred are notified within 72 hours, and the notification is documented.

All detainees are screened upon admission or as otherwise required by the standards. Decisions regarding detainees with disabilities, LEP detainees, and/or detainees included under any SAAPI/DHS PREA protection or category, will be made only after consideration of the disability, language difficulty or SAAPI/PREA condition. The facility is managed in such a manner as to protect detainees from sexual assault or abuse.

There were sixteen allegations of sexual assault/abuse since the last inspection. Twelve allegations were classified as detainee-on- detainee. All the allegations were investigated, and none were referred for potential prosecution. Eleven of the allegations were classified as unsubstantiated, and one allegation was classified as substantiated. In this case, the detainee predator was placed in disciplinary segregation. The detainee victim chose to remain in the same housing unit but was eventually removed from the facility. There were four allegations classified as employee-on-detainee. Following an investigation of each case, all four were classified as unfounded.

Evaluation of the standard was determined following a review of policy, training files, case records and personnel interviews.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017

**Reviewer Signature (for printed form submission):**

| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Written policy and procedures are in place for special management units, including Administrative Segregation and Disciplinary Segregation, as well as documenting the reason(s) for placement and periodic reviews. | Meets Standard | Extensive written policy and procedures are in place for the special management unit (SMU). Policy addresses administrative and disciplinary segregation and requires documented reasons for a detainee's placement in the SMU and periodic reviews. |
| 2. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed. | Meets Standard | All cells are designed as one person cells. The capacity is never exceeded. |
| 3. Cells and rooms are well ventilated, adequately lit, appropriately heated/cooled and maintained in a sanitary condition at all times.<br>Cells are conducive to maintaining a safe and secure environment for all detainees, with particular emphasis on allowing for full visibility and appropriate observation by staff, and wherever possible on eliminating potential safety hazards such as sharp edges and anchoring devices. | Meets Standard | On-site observations confirmed that cells are well ventilated, adequately lighted, appropriately heated/cooled and are maintained in a sanitary and safe condition at all times. |
| 4. Each facility shall issue guidelines concerning the privileges detainees may have in both Administrative and Disciplinary status. | Meets Standard | Policy includes specific privileges detainees may have in administrative and disciplinary status. |
| 5. PRIORITY: Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted. | Meets Standard | Per policy and procedure, detainees in the SMU are personally observed at least every thirty minutes on an irregular schedule and more often when warranted. Documentation is maintained to verify adherence to policy. |


FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 6. PRIORITY: A detainee is placed in Administrative Segregation only for non-punitive reasons, when necessary to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility.<br>The facility administrator or designee shall complete the Administrative Segregation Order (Form I-885 or equivalent), detailing the reasons for placing a detainee in Administrative Segregation, before his or her actual placement. A copy of the order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility. | Meets Standard | Per policy and procedure, a detainee is placed in administrative segregation only for non-punitive reasons, when necessary to ensure the safety of detainees or others, the protection of property, or the security of the good order of the facility. The OIC completes an Administrative Segregation Order form, detailing the reasons for placing the detainee in administrative segregation, before his actual placement. A copy of the order is provided to the detainee immediately, in a language or manner the detainee can understand. |
| 7. PRIORITY: A detainee is placed in protective custody status in Administrative Segregation only when there is documentation and supervisory approval that it is warranted and that no reasonable alternatives are available. Use of administrative segregation to protect vulnerable populations shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort. Detainees who have been placed in administrative segregation for protective custody shall have access to programs, services, visitation, counsel and other services available to the general population to the maximum extent possible. | Meets Standard | Policy specifically states that a detainee is placed in protective custody in administrative segregation only when there is documentation that it is warranted and that no reasonable alternatives are available. Per policy, detainees who have been placed in administrative segregation have access to programs, services, visitation, counsel and other services available to the general population to the maximum extent possible. |
| 8. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest," "High," or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System. | Meets Standard | Written procedures for placing a detainee in disciplinary segregation specifically include the requirements of this component. The disciplinary hearing officer and the SMU sergeant confirmed that practice is consistent with policy. |



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2018-ICLI-00023 6531

| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 9. A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be immediately given to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safety, security, or the orderly operation of the facility. | Meets Standard | Written procedures for placing a detainee in disciplinary segregation include each of the requirements listed in this component. The disciplinary hearing officer confirmed practice is consistent with policy. |
| 10. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Chief of Security or equivalent for inclusion in the detainee's detention file. | Meets Standard | The requirements of this component are specifically addressed in policy. |
| 11. PRIORITY: There are implemented written procedures for the regular review of all detainees in Administrative Segregation.<br>A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification.<br>If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator.<br>When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 30 days and at least every 10 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. | Meets Standard | Policy addresses each of the requirements listed in this component. Review of documentation and an interview with the chief of security confirmed practice is consistent with policy. |
| 12. A copy of the decision and justification for each segregation status review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility. | Meets Standard | |



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2018-ICLI-00023 6532

| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 13. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).<br>The SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released. These logs shall also be used by supervisory staff and other officials to record their visits to the unit. | Meets Standard | Review of documentation confirmed that permanent housing logs are maintained in the SMU to record the required information on detainees upon admission to and release from the unit. Information recorded in the permanent housing log includes visits to the unit from supervisory staff and other officials. |
| 14. A separate log is maintained in the SMU that all persons visiting the unit must sign and record:<br>• The time and date of the visit, and<br>• Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. | Meets Standard | A separate log is maintained in the SMU that persons visiting the unit must sign. The time and date of the visit and any unusual activity or behavior of an individual detainee is recorded in this log. Per the SMU sergeant, any unusual activity or behavior of an individual detainee requires that a follow-up memorandum be sent through the facility OIC to the detainee's file. |
| 15. A Special Management Housing Unit Record is maintained on each detainee in an SMU, that records:<br>• Whether the detainee ate, showered, recreated, and took any medication; and<br>• Any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior. | Meets Standard | A review of documentation confirmed that a Special Management Housing Unit Record is maintained on each detainee in the SMU. All of the information required by this component is documented on this record. |
| 16. Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols. | Meets Standard | Per policy and procedure, when a detainee is admitted to the SMU, health care personnel are immediately informed to provide an assessment and review as indicated by health care protocols. Documentation reviewed confirmed adherence to policy. |


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| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 17. PRIORITY: Detainees with serious mental illness may not be automatically placed in an SMU on the basis of such mental illness. Every effort shall be made to place detainees with serious mental illness in a setting in or outside of the facility in which appropriate treatment can be provided, rather than an SMU, if separation from the general population is necessary. | Meets Standard | Per the SMU sergeant, if a detainee with serious mental illness needs to be separated from the general population, the detainee is not automatically placed in the SMU. Prior to separating the detainee from the general population, health care personnel are contacted to provide an assessment of the detainee's illness. Based on the recommendations provided by medical personnel, the detainee will be placed in a setting in which appropriate treatment can be provided. |
| 18. PRIORITY: Health care personnel conduct face-to-face medical assessments for every detainee in an SMU at least once daily, and where reason for concern exists, assessments are followed up with a complete evaluation by a qualified medical or mental health professional, and indicated treatment.<br>Medical visits shall be recorded on the SMU housing record or comparable form, and any action taken shall be documented in a separate logbook. | Meets Standard | Per policy, health care personnel visit every detainee in the SMU at least once daily and, where reason for concern exists, assessments are followed up with a complete evaluation by a qualified medical or mental health professional and treatment as indicated. Any action taken is documented in a separate logbook and the medical visit is recorded on the detainee's SMU housing record. |
| 19. A detainee's mental health status shall be reviewed and documented at least once every 30 days. | Meets Standard | |
| 20. Detainees in SMUs may shave and shower at least three times weekly and receive other basic services (such as laundry, hair care, barbering, clothing, bedding, and linen) on the same basis as the general population. | Meets Standard | Per policy and procedure, detainees in the SMU receive each of the services required by this component on the same basis as the general population. |
| 21. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU). | Meets Standard | Detainees in administrative segregation are provided two hours of recreation seven days a week. |


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| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 22. The shift supervisor sees each segregated detainee daily, including weekends and holidays. | Meets Standard | Documentation verified that the shift supervisor sees each segregated detainee daily, including weekends and holidays. |
| 23. The facility administrator (or designee) visits each SMU daily. | Meets Standard | A review of documentation confirmed that the shift supervisor or the OIC visits the SMU daily. |
| 24. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu. | Meets Standard | Per policy and procedure, detainees in the SMU are provided three nutritionally adequate meals per day from the general population menu. |
| 25. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer. | Meets Standard | |
| 26. Detainees in an SMU may write and receive letters the same as the general population. | Meets Standard | Except for documented security reasons, detainees in the SMU may write and receive letters the same as the general population. |
| 27. Detainees in an SMU ordinarily retain visiting privileges. | Meets Standard | Except for documented security reasons, detainees in the SMU retain visiting privileges. |
| 28. Adequate documentation is generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year. Where visits are restricted or disallowed, a report is filed with the facility administrator and ICE/ERO, and made part of the detainee's file. | Meets Standard | |
| 29. Under no circumstances is a detainee permitted to participate in general visitation while in restraints. | Meets Standard | The SMU sergeant confirmed that detainees are not permitted to participate in general visitation while in restraints. |
| 30. Detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours. | Meets Standard | |



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2018-ICLI-00023 6535

| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 31. In cases in which a visit would present an unreasonable security risk, visits may be disallowed for a particular violent or disruptive detainee. | Meets Standard | Policy addresses the requirements of this component. |
| 32. Ordinarily, detainees in SMUs are not denied legal visitation. | Meets Standard | During this inspection period, legal visitation has not been denied to any detainee. If this sanction is imposed, written justification is required. |
| 33. Detainees in SMUs are allowed visits by members of the clergy or other religious service providers, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations. | Meets Standard | |
| 34. Detainees in SMUs have access to reading materials, including religious materials. The Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis. | Meets Standard | Observations and staff interviews confirmed that detainees in the SMU have access to reading materials, including religious materials. A recreation officer provides detainees soft-bound, non-legal books on a rotating basis. |
| 35. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain all personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard.<br>Detainee requests for access to legal material in their stored personal property are accommodated as soon as possible and always within 24 hours of a detainee's request. | Meets Standard | Upon request, detainees in the SMU are escorted individually to a satellite law library located inside the SMU. Detainees are permitted to retain all personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Per the SMU sergeant, a detainee's request for access to legal material in his personal property is accommodated as soon as possible and always within 24 hours of the request. |
| 36. Any denial of access to the law library is always:<br>• Supported by compelling security concerns,<br>• For the shortest period required for security, and<br>• Fully documented in the SMU housing logbook.<br>ICE/ERO is notified every time law library access is denied. | Meets Standard | During this inspection period, no detainee has been denied access to the law library. If this sanction is imposed, it will be in accordance with each of the requirements listed in this component. |


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| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 37. Recreation for detainees in the SMU is separate from the general population. | Meets Standard | Per policy and procedure, recreation for detainees in SMU is separate from the general population. |
| 38. Detainees in the SMU for administrative reasons are offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least seven days per week. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire. | Meets Standard | Documentation confirmed that all detainees in the SMU are offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, seven days per week. If necessary, detainees are provided weather-appropriate equipment and attire. |
| 39. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security.<br>When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator. | Meets Standard | During this inspection period, no detainee has been denied recreation privileges. The SMU officer stated that if a detainee is denied recreation privileges for any reason, a report of the action is forwarded to the OIC. |
| 40. The case of a detainee denied recreation privileges is reviewed as part of the regular reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why. | Meets Standard | |
| 41. Denial of recreation privileges for more than 7 days requires the concurrence of the facility administrator and the health authority.<br>The facility notifies ICE/ERO when a detainee is denied recreation privileges for more than 7 days. | Meets Standard | Policy states that denial of recreation privileges for more than seven days requires the concurrence of the OIC and a health care professional. The SMU sergeant confirmed that the facility will notify ICE/ERO if a detainee is denied recreation privileges for more than seven days. |


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2018-ICLI-00023 6537

| STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 42. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU.<br>Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order. | Meets Standard | Except for documented security reasons, there are no telephone use restrictions for detainees in the SMU. |
| 43. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. | Meets Standard | After seven consecutive days in administrative segregation, the detainee has the right to appeal to the OIC the conclusions and recommendations of any review conducted. |
| 44. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification.<br>A similar review is done every 30 days thereafter. | Meets Standard | |
| 45. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director. | Meets Standard | The SMU sergeant confirmed adherence with the requirements of this component. |

**STANDARD 2.12. SPECIAL MANAGEMENT UNITS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Observations, employee interviews and a review of documentation confirmed that in order to isolate certain detainees from the general population, the facility has an SMU that provides disciplinary segregation housing for detainees segregated for disciplinary reasons and administrative segregation housing for detainees segregated for administrative reasons. There were 31 detainees in the SMU: ten in disciplinary segregation, sixteen in administrative segregation, and one in protective custody. Additionally, four detainees were housed in the SMU for medical reasons due to medical housing overflow.

Detainees in the SMU are provided with adequate services and recreation in a clean, well-maintained and secure environment. Visiting privileges, telephone privileges and meals for detainees in SMU, except for documented security concerns, are identical to the general population. When detainees are assigned to the SMU, their quality of life is altered only in the sense that a small degree of their freedom is restricted.

Management, supervisory and medical personnel visit the SMU on a daily basis. Information is communicated to a detainee in a language or manner the detainee can understand. Written materials are generally translated into Spanish, or when

**STANDARD 2.12. SPECIAL MANAGEMENT UNITS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

practicable, provisions for written translation are made for other significant segments of the population with limited English proficiency. Oral interpretation or assistance is provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. Some forms used in the SMU have been translated into Spanish and when necessary Spanish speaking employees are used as interpreters.

Continued placement in segregation based on prior behavior is reviewed at the required intervals, taking into account the detainee's behavior while in segregation.

The facility administrator permits ICE/ERO personnel to participate in the weekly meetings, either in person or by teleconference. The OIC also notifies the appropriate FOD in writing whenever a detainee who has been the subject of a prior notification pursuant to this section is subsequently released from segregation. The OIC provides all information and supporting documentation regarding segregation placements as requested by the FOD.

Per the SMU sergeant, mental health staff conducts a mental health consultation within 72 hours of the detainee's placement in restrictive housing; a multi-disciplinary committee of facility staff, including facility leadership, medical and mental health professionals, and security staff, meets weekly to review the detainee's placement in restrictive housing; and at least weekly, a mental health provider conducts face-to-face clinical contact with the detainee, to monitor the detainee's mental health status, identify signs of deterioration, and recommend additional treatment as appropriate. Mental health staff conducts a face-to-face psychological review of all detainees in an SMU at least once every thirty days. The facility coordinates with the field office director in seeking alternatives to SMU housing for detainees with an SMI, potentially including transfer to a hospital or to another facility.

Except for daily recreation, there are no out-of-cell time opportunities for education, clinically appropriate treatment therapies, skill-building, or social interaction.

The OIC established a standing committee, consisting of security, medical, and other staff, to regularly evaluate SMU policies and practices, and seek to develop safe and effective alternatives to restrictive housing, as well as enhanced SMU conditions and programs. SMU detention logs and other documentation confirmed that detainees are placed in segregation in accordance with policy and receive all required treatment and services.

**Overall Rating:** Meets Standard

| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) | **Completion Date:** 5/4/2017 |
|---|---|

**Reviewer Signature (for printed form submission):**

| STANDARD 2.13. STAFF-DETAINEE COMMUNICATION (Key: P) | | |
|---|---|---|
| This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.<br><br>This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG). | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: ICE/ERO detainees shall have frequent informal access to and interaction with key facility staff members, in a language they can understand.<br>Facility staff shall conduct scheduled visits to address detainees' personal concerns and monitor living conditions. | Meets Standard | Key facility supervisors conduct daily rounds throughout the facility to address detainees' personal concerns and monitor living and working conditions. The administrative duty officer log confirmed that visits are occurring. Communications are facilitated in a language understood by the detainee. Interactions between detainees and unit managers, caseworkers and/or officers, were observed in the housing units, dining room and recreation areas. |
| 2. The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or "pods") of the facilities. Posted contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel. | Meets Standard | The handbook includes the ICE field office contact information. The handbook includes a statement that the ICE officers' schedules are available in the housing unit binders. According to the unit manager, the information is updated at least quarterly. The information is up-to-date. |



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2018-ICLI-00023 6540

| STANDARD 2.13. STAFF-DETAINEE COMMUNICATION (Key: P) | | |
|---|---|---|
| This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.<br><br>This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG). | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 3. PRIORITY: Detainees may submit written questions, requests, grievances or concerns to ICE/ERO staff, using the detainee request form, a local IGSA form, or a sheet of paper.<br>Facilities must also allow any ICE/ERO detainee dissatisfied with the facility's response to file a grievance appeal and communicate directly with ICE/ERO.<br>Each facility administrator shall:<br>• Ensure that adequate supplies of detainee request forms, envelopes, and writing implements are available.<br>• Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests.<br>• Ensure that the standard operating procedures accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English. When language services are needed, the facility should use qualified interpretation services when an employee needs to communicate with a limited English proficient person.<br>• Ensure that each facility provides a secure dropbox for ICE detainees to correspond directly with ICE management, and that only ICE personnel have access to the dropbox. | Meets Standard | Policy and practice confirm component requirements. |
| 4. In facilities with ICE/ERO on-site presence: The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 3 business days of receipt. | Meets Standard | Detainee requests are processed within three days of receipt. Documentation confirmed that most requests are answered on the same date of receipt. |
| 5. In facilities without ICE/ERO on-site presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days. | N/A | This DIGSA facility has on-site ICE offices. |


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| STANDARD 2.13. STAFF-DETAINEE COMMUNICATION (Key: P) | | |
|---|---|---|
| This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.<br><br>This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG). | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 6. All requests to ICE/ERO staff shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record:<br>• Date of receipt;<br>• Detainee's name;<br>• Detainee's A-number;<br>• Detainee's nationality;<br>• Name of the staff member who logged the request;<br>• Date the request, with staff response and action, was returned to the detainee;<br>• Any other pertinent site-specific information, including detention condition complaints;<br>• Specific reasons why the detainee's request is urgent and requires a faster response; and<br>• The date the request was forwarded to ICE/ERO and the date it was returned. | Meets Standard | Component requirements are included on the electronic log. |
| 7. As required by the ICE/ERO Detention Standard on Detainee Handbook, each facility's handbook (or supplement) shall advise detainees of the procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests. | Meets Standard | |
| 8. The facility administrator shall ensure that OIG Hotline posters are posted in every housing unit and in appropriate common areas (recreation areas, dining areas, processing areas, etc.). | Meets Standard | |

**STANDARD 2.13. STAFF-DETAINEE COMMUNICATION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of policy, handbooks, electronic log, duty officer log and housing unit informational binder; observation of facility staff interacting with detainees; and interviews of ICE officers, caseworkers, unit managers, detention officers and detainees confirmed that policy and procedures are in place that encourage and require informal direct and written contact among staff and detainees, as well as supervisory observation of living and working conditions. According to the ICE officers, ICE routinely responds to detainee requests within three business days of receipt. The ICE officer announces his/her presence when entering a housing unit. Detainee telephone serviceability is conducted on each shift by housing unit officers. There were no detainee concerns regarding telephone accessibility.

Policy includes provisions to translate requests and staff responses and otherwise accommodate detainees with special assistance needs. In order to provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with disabilities. This may be achieved via bilingual staff, translation services, or other means for LEP

| STANDARD 2.13. STAFF-DETAINEE COMMUNICATION – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| detainees or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the Standard.<br><br>There is no documentation to support that ICE officers test detainee telephones at least weekly to verify serviceability. There is no documentation to support that ICE officers place random calls to pre-programmed numbers for attorney and consulate services; interview a sampling of detainees regarding telephone services; or check the TTY or other reasonable accommodation ensuring they are working and available for hearing-impaired detainees. There is no documentation to support that ICE/ERO officers document each serviceability test. There is no documentation to support that ICE officers routinely check the serviceability reports at the field office. OIG contact information posters are located in the housing units.<br><br>In addition to scheduled visits, ICE officers conduct frequent unannounced visits to the housing units to informally observe living and working conditions and encourage informal communication among staff and detainees in all areas of the facility. These visits are documented. Detainees interviewed stated that ICE officers visit the housing units frequently. ICE officers were observed interviewing detainees in the housing units and intake area. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** [redacted] (b)(6);(b)(7)(C) | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |



FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| STANDARD 2.14. TOOL CONTROL (Key: Q) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The use of tools, keys, medical equipment and culinary equipment is controlled. | Meets Standard | Per policy and procedure, the use of tools, keys, medical equipment and culinary equipment is controlled. On-site observations and employee interviews confirmed that practice is consistent with policy. |
| 2. PRIORITY: There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability. | Meets Standard | The chief of security is responsible for developing tool control procedures and an inspection system to ensure accountability. The tool control officer, a sergeant under supervision of the chief of security, manages the daily tool control responsibilities. |
| 3. PRIORITY: Each facility administrator shall develop and implement a written tool control and storage system to include a tool classification system, and there are policies and procedures in place to ensure that all tools are properly marked and readily identifiable. | Meets Standard | The facility developed and implemented a written tool control and storage system, which includes a tool classification system. All tools are properly marked and readily identifiable. |
| 4. The facility has developed and implemented a tool classification system. | Meets Standard | A tool classification system has been developed and implemented. Tools are designated as restricted and non-restricted. |
| 5. Tool inventories are required for:<br>• Facility Maintenance Department<br>• Medical Department<br>• Food Service Department<br>• Electronics Shop<br>• Recreation Department<br>• Armory | Meets Standard | Policy requires tool inventories for the armory, the maintenance, medical and food service departments. Every department listed in this component maintains tool inventories as required. The facility does not have an electronics shop and the recreation department does not maintain tools. |
| 6. *(SPCs/CDFs) The new tools shall be issued only after the Tool Control Officer has marked and inventoried them. Inventories that include any portable power tools shall provide brand name, model, size, description, and inventory control/AMIS number.* | Meets Standard | At this DIGSA facility, new tools can only be issued after the tool control officer has marked and inventoried them. Inventories that include portable power tools include the information listed in this component. |

| STANDARD 2.14. TOOL CONTROL (Key: Q) | | |
|---|---|---|
| This detention standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. The facility administrator shall schedule, and establish procedures for, the quarterly inventorying of all tools. | Meets Standard | Documentation reviewed confirmed that quarterly tool inventories are conducted. |
| 8. *(SPCs/CDFs) Tool inventories shall be numbered and posted conspicuously on all corresponding shadow boards, toolboxes, and tool kits. While all posted inventories must be accurate, only the Master Tool Inventory Sheet in the office of the chief of security requires the certifiers' signatures.* | Meets Standard | At this DIGSA facility, policy requires the elements listed in this component. Per the assistant chief of security and a review of documentation, practice is consistent with policy. |
| 9. The facility administrator shall develop and implement procedures governing lost tools. | Meets Standard | Policy includes specific procedures governing lost tools. |
| 10. *(SPCs/CDFs) When a restricted or non-restricted tool is missing or lost, staff shall notify the chief of security in writing as soon as possible.*<br>*When the tool is a restricted (Class "R") tool, staff shall inform the shift supervisor orally immediately upon discovering the loss. Any detainee(s) who may have had access to the tool shall be held at the work location pending completion of a thorough search.*<br>*The facility administrator shall implement quarterly evaluations of lost/missing tool files.* | Meets Standard | At this DIGSA facility, each of the requirements listed in this component is addressed in policy. The assistant chief of security confirmed that practice is consistent with policy. |
| 11. All visitors, including repair and maintenance workers who are not ICE/ERO or facility employees, shall submit to an inspection and inventory of all tools, tool boxes, and equipment that could be used as weapons before entering and leaving the facility. The contractor shall maintain a copy of the tool inventory with them while inside the facility. | Meets Standard | Policy includes each of the requirements of this component. The assistant chief of security and review of documentation confirmed that practice is consistent with policy. |

**STANDARD 2.14. TOOL CONTROL – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of documentation, on-site observations and employee interviews confirmed that the facility has procedures in place to hold staff responsible for complying with the tool control policy. Documentation reviewed confirmed that tools are inventoried and accounted for on a daily basis. Procedures are in place that require all tools brought into and out of the facility to be inventoried.

Per policy, staff members must remove restricted tools from work areas at the end of each workday for safekeeping in a secure tool room or the armory.

Staff is required, by policy, to restrict the supply of acetylene entering the facility to the amount needed in a single day; and at the end of each workday, store the used and unused acetylene tanks outside the secured perimeter in accordance with applicable codes and standards.

The requirement that staff shall not open sterile packs for inventory or any other non-medical reason, except when

| STANDARD 2.14. TOOL CONTROL – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| tampering or theft is suspected, in which case staff shall contact the health services department before opening a pack from which instruments may have been removed, is not addressed in policy.<br><br>Any tool permanently removed from service must be turned in to the tool control officer for record keeping and safe disposal.<br><br>The assistant chief of security confirmed that tools purchased or acquired from surplus property are stored and secured in a secure storage area in the maintenance department. The assistant chief of security confirmed that the facility does not have unmarked or excess tools.<br><br>Policy states that a chit receipt must be taken for all tools issued, and when a tool is issued from a shadow board, the receipt chit must be visible on the shadow board.<br><br>Policy includes site-specific procedures for the control of ladders, extension cords, ropes and hoses, in accordance with these procedures: all ladders, extension cords, ropes and hoses over three feet long are classified as restricted tools and must be stored in the tool room when not in use.<br><br>Every staff member supervising the use of extension ladders and/or heavy equipment must have at his/her disposal a portable two-way radio.<br><br>The assistant chief of security confirmed that when a medical department tool or equipment item is missing or lost, employees are to immediately inform the HSA, who will make the immediate verbal notification to the assistant OIC or shift supervisor and written notification to the OIC. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |



FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R) | | |
|---|---|---|
| This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Staff use physical force only as a last resort after all reasonable efforts to otherwise resolve a situation have failed, and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum. | Meets Standard | Per policy, staff members use physical force only as last resort after all reasonable efforts to otherwise resolve a situation have failed. Only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum is used. The assistant chief of security confirmed that practice is consistent with policy. |
| 2. Staff:<br>• Does not use force as punishment.<br>• Attempts to gain the detainee's voluntary cooperation before resorting to force.<br>• Uses only as much force as necessary to control the detainee.<br>• Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. | Meets Standard | Each of the requirements in this component is specifically addressed in policy. |
| 3. PRIORITY: All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees.<br>Specialized training is given to officers ensuring they are certified in all devices including chemical agents, approved for use. | Meets Standard | Per policy, during initial and annual refresher training, all personnel are trained in self-defense, confrontation avoidance techniques and the use of force to control detainees. Any officer authorized to use intermediate force devices, including chemical agents, is trained and certified in their use. Review of training records confirmed that employees are receiving the required training. |



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2018-ICLI-00023 6547

| STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R) | | |
|---|---|---|
| This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 4. PRIORITY: Staff will consult with medical staff prior to a calculated use of force regarding the following:<br>• Use of pepper spray/non-lethal weapons.<br>• Pregnant detainees or detainees in post-delivery recuperation.<br>• Detainees with wounds or cuts.<br>• Detainees with special medical or mental health needs. | Meets Standard | Per policy, medical personnel are consulted prior to a calculated use of force regarding the use of pepper spray/non-lethal weapons, pregnant detainees, detainees with wounds or cuts, and detainees with special medical or mental health needs. The assistant chief of security confirmed adherence to each of the requirements of this component. |
| 5. Special precautions are taken when restraining pregnant detainees, consistent with the Detention Standard on Medical Care (Women).<br>Medical personnel are consulted. | Meets Standard | |
| 6. Intermediate force weapons, when not in use, are stored in areas where access is limited to authorized personnel and to which detainees have no access. | Meets Standard | Per the assistant chief of security, intermediate force weapons, when not in use, must be stored in secure areas not accessible to detainees. |
| 7. When the detainee is in isolated location where there is no immediate threat to the detainee or others (e.g., a locked cell, a range), staff must try to resolve the situation without resorting to force. | Meets Standard | The requirements of this component are specifically stated in policy. |
| 8. The facility subscribes to the prescribed confrontation avoidance procedures.<br>The ranking detention official, health professionals, and others confer before every calculated use of force. | Meets Standard | The facility subscribes to the prescribed confrontation avoidance procedures. Per policy, before authorizing the calculated use of force, the ranking detention official, a designated health professional, and others as appropriate must assess the situation. |
| 9. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the use of force team technique. | Meets Standard | Per policy and procedure, when a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the use-of-force team technique. |
| 10. Staff members are trained in the performance of the use-of-force team technique. | Meets Standard | |



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| STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R) | | |
|---|---|---|
| This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 11. PRIORITY: All use of force incidents are documented and reviewed. Staff prepare a use of force form that identifies the detainee(s), staff, and others involved, describes the incident, and documents the location of strikes if intermediate force weapons are used.<br>All calculated use of force incidents are properly audio-visually documented and forwarded for review. Use of Force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio-visually recorded in its entirety from the beginning of the incident to its conclusion. | Meets Standard | All use of force incidents are documented and reviewed. In accordance with policy, all calculated uses of force are audio-visually documented and are reviewed by the OIC. Documentation includes the medical examination through the conclusion of the incident. The assistant chief of security confirmed practice includes all of the elements listed in this component. |
| 12. Staff shall store and maintain audio-visual recording equipment under the same conditions as “restricted” tools. | Meets Standard | |
| 13. Standard procedures associated with using four/five point restraints include:<br>• Soft (nylon/leather) restraints.<br>• Dressing the detainee appropriately for the temperature.<br>• A bed, mattress, and blanket/sheet.<br>• Checking the detainee at least every 15 minutes.<br>• Logging each check.<br>• Repositioning detainee often enough to prevent soreness or stiffness.<br>• Medical evaluation of the restrained detainee twice per eight-hour shift.<br>When qualified medical staff are not immediately available, staff position the detainee "face-up." | N/A | Per the assistant chief of security, four/five point restraints are not used by the facility. However, policy includes procedures that specifically address each of the requirements of this component for using four/five point restraints. |
| 14. In immediate use of force situations, officers contact medical staff once the detainee is under control. | Meets Standard | Per policy and procedure, in immediate use of force situations, officers contact medical staff once the detainee is under control. |
| 15. The shift supervisor monitors the detainee's position/condition every two hours.<br>He/she allows the detainee to use the restroom at these times under safeguards. | N/A | Four/five point restraints are not used by the facility. However, policy includes the requirements of this component. |

| STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R) | | |
|---|---|---|
| This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 16. All detainee checks are logged. | N/A | Four/five point restraints are not used by the facility. However, policy includes the requirements of this component. |
| 17. When any detainee is restrained for more than eight hours, the facility administrator shall telephonically notify the Assistant Field Office Director and provide updates every eight hours until the restraints are removed. | N/A | Four/five point restraints are not used by the facility. However, policy includes the requirements of this component. |
| 18. It is standard practice to review any use of force and the non-routine application of restraints. | Meets Standard | All use of force and non-routine application of restraint incidents are reviewed by the OIC. |

**STANDARD 2.15. USE OF FORCE AND RESTRAINTS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of documentation and employee interviews confirmed that policy and procedures are in place to authorize personnel to use necessary force after all reasonable efforts to otherwise resolve a situation have failed. Policy requires that only the amount of force necessary to gain control of the detainee may be used.

There was one attempted escape that resulted in a use of force. On 08/05/2016 at 1:48 p.m. a detainee attempted to escape from recreation yard number two. A detainee ran towards the inner perimeter fence. The yard officer ordered the detainee to stop. The detainee ignored the command to stop and started climbing the fence. The detainee climbed to the top of the fence and became entangled in the razor wire. An officer ordered the detainee to climb down and lay on the ground. The detainee refused to comply and the officer administered a burst of O.C. spray. The detainee then jumped to the ground and began to run between the fences. The officer, running alongside the detainee ordered the detainee to drop to the ground. The detainee refused to comply. The officer then administered a second burst of O.C. spray and the detainee laid on the ground. Emergency response and medical staff arrived on site. The detainee was placed in restraints and escorted to the medical department for an evaluation. Medical staff determined that the detainee required outside medical treatment for cuts sustained during the incident. The detainee was transported to a hospital in Cuthbert, GA. No other staff or detainees were injured.

There were fourteen use-of-force incidents during this inspection period. There were eight calculated and six immediate use-of-force incidents. A review of documentation revealed that, with the exception of two incidents, all use-of-force incidents were conducted in accordance with established policy and procedures. Medical evaluations were conducted in all incidents and decontamination procedures were complied with in a timely manner. The six immediate use of force incidents resulted from detainees fighting or refusing a direct order. The calculated use of force incidents resulted from detainees refusing to exit their cell for a housing change or deportation.

In one of the calculated use-of-force incidents, the video camera was not loaded properly. Therefore, there was no video to review. As a corrective measure, training on camera operation was provided to the camera operator.

In one of the immediate use-of force incidents, a detainee become aggressive towards staff. The detainee was place in restraints and escorted to the medical department for a medical evaluation prior to being placed in SMU. While in restraints and being escorted to the medical department the detainee became combative towards staff. One of the officers grabbed the



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| STANDARD 2.15. USE OF FORCE AND RESTRAINTS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| detainee by the neck and struck him with his fist. When the detainee continued his aggressive behavior, the shift supervisor ordered the assistant shift supervisor to administer O.C. spray. The detainee did not suffer any serious injuries. Per the assistant chief of security ICE was made aware of the entire incident and appropriate disciplinary action was taken against the employees involved.<br><br>The use of chemical agents by trained certified personnel is authorized by policy. The use of choke holds is prohibited. The facility does not have Tasers. The facility does not have a canine unit.<br><br>The following acts and techniques are specifically prohibited when using non-deadly force: choke holds, carotid control holds and other neck restraints; using a baton to apply choke or "come along" holds to the neck area; and intentional baton strikes to the head, face, groin, solar plexus, neck, kidneys, or spinal column.<br><br>Per policy, the incident supervisor is required to inspect areas of blood or other body-fluid spillage after a use of force incident.<br><br>Post orders for the control center officer include procedures for: maintaining cameras and other audiovisual equipment; regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand.<br><br>Audiovisual recording is catalogued and preserved. The compliance officer confirmed that all use of force documentation, including audiovisual recordings, is preserved for at least five years.<br><br>Only ICE/ERO-approved restraint devices are authorized; deviations are prohibited.<br><br>The facility ensures that detainees with disabilities and detainees who are limited in their English proficiency (LEP) are provided with effective communication by as many means possible. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printe** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |



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# *Section III: ORDER*

**Disciplinary System**



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2018-ICLI-00023 6552

| STANDARD 3.1. DISCIPLINARY SYSTEM (Key: S) | | |
|---|---|---|
| This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: The facility has a written disciplinary system using progressive levels of reviews and appeals. Written disciplinary policy and procedures shall clearly define detainee rights and responsibilities. The policy, procedures and rules shall be reviewed at least annually. | Meets Standard | The written disciplinary system includes progressive levels of reviews, appeal procedures and documentation procedures. Policy clearly defines detainee rights and responsibilities. The policy, procedures and rules are reviewed annually. |
| 2. Detainees will receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, including accommodation for the hearing impaired. The facility shall not hold a detainee accountable for his or her conduct if a medical authority finds him or her mentally incompetent. | Meets Standard | |
| 3. PRIORITY: Time in disciplinary segregation or withholding of privileges imposed for disciplinary violations do not generally exceed 30 days per violation, except in extraordinary circumstances. Staff do not impose or allow imposition of the following sanctions: corporal punishment; deprivation of food services (to include use of Nutraloaf or "food loaf"); deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence privileges; deprivation of legal access and legal materials; or deprivation of indoor or outdoor recreation, unless such activity creates a documented unsafe condition. | Meets Standard | Per policy, time in disciplinary segregation and/or the withholding of privileges imposed for disciplinary violations do not exceed thirty days per violation. Staff members may not impose or allow imposition of any of the sanctions prohibited by this component, unless the activity creates a documented unsafe condition. |
| 4. A detainee shall be removed from segregation if a health care professional concludes that continued segregation is detrimental to the detainee's medical or mental health. | Meets Standard | The requirements of this component are included in policy. |
| 5. PRIORITY: The facility supplemental handbook issued to each detainee upon admittance shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings. | Meets Standard | Facility rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings are included in the local handbook issued to each detainee upon admission. |



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2018-ICLI-00023 6553

| STANDARD 3.1. DISCIPLINARY SYSTEM (Key: S) | | |
|---|---|---|
| This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 6. Copies of the rules of conduct, rights, and disciplinary sanctions shall be provided to all detainees and posted in English, Spanish, and/or other languages spoken by significant numbers of detainees, as follows:<br>• Disciplinary Severity Scale<br>• Prohibited Acts<br>• Sanctions | Meets Standard | |
| 7. All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section. | Meets Standard | Policy includes graduated scales of offenses and disciplinary consequences. |
| 8. PRIORITY: Incident reports are investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by a Unit Disciplinary Committee (UDC). Unresolved cases and cases involving serious charges are forwarded by the UDC to the Institution Disciplinary Panel (IDP) for adjudication. | Meets Standard | Per policy and procedure, all incident reports are investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by a Unit Disciplinary Committee (UDC). Unresolved cases and cases involving serious charges are forwarded to the disciplinary hearing officer, chairman of the Institution Disciplinary Panel (IDP), for adjudication. The disciplinary hearing officer confirmed that practice is consistent with policy. |
| 9. The detainee is advised in writing of his/her right, if applicable, to an initial hearing before the Unit Disciplinary Committee (UDC) within 24 hours of his/her notification of charges. The detainee is provided a copy of the Incident Report and notice of charges at least 24 hours before the start of any disciplinary proceedings. | Meets Standard | |
| 10. The investigating officer advises the detainee of his/her right to remain silent at every stage of the disciplinary process, and ensures that he/she has a complete listing of detainee rights. | Meets Standard | The disciplinary hearing officer confirmed that the detainee is advised of his rights, as outlined in this component. |
| 11. PRIORITY: A staff representative is made available upon request for all detainees facing an IDP disciplinary hearing. Detainees also have the option of receiving assistance from another detainee of their selection rather than a staff representative, subject to approval from the facility administrator. | Meets Standard | A staff representative is made available upon request for any detainee facing a disciplinary hearing. Detainees also have the option of receiving assistance from another detainee, subject to the OIC's approval. |



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| STANDARD 3.1. DISCIPLINARY SYSTEM (Key: S) | | |
|---|---|---|
| This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 12. A staff representative is automatically provided for detainees who are illiterate, limited-English proficient, or without means of collecting and presenting essential evidence. | Meets Standard | |
| 13. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented. | Meets Standard | Per policy, hearing postponements or continuances are permitted when conditions warrant; reasons must be documented. |
| 14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence." | Meets Standard | Policy includes written procedures that govern the handling of confidential-source information. The procedures include criteria for recognizing reliable substantial evidence. |
| 15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required. | Meets Standard | Per policy and procedure, all forms relevant to the incident, investigation committee/panel reports, etc., are completed and distributed as required. The chief of security confirmed that practice is consistent with policy. |

**STANDARD 3.1. DISCIPLINARY SYSTEM – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

A review of documentation and employee interviews confirmed that, to promote a safe living environment for detainees, the facility has established an equitable disciplinary system requiring detainees to comply with facility rules and regulations and imposing disciplinary sanctions on those who do not comply.

The actions of the Institution Disciplinary Panel are reviewed by the OIC, who may concur with the findings and sanctions or modify them.

The disciplinary hearing officer confirmed that if any employee at any stage of the disciplinary process has reason to believe that the detainee is mentally ill or mentally incompetent, the facility will provide for an assessment by qualified medical personnel.

Policy states that disciplinary action may not be capricious or retaliatory. If the disciplinary incident is under investigation on different grounds, the investigating officer will terminate the administrative investigation until the agency with primary jurisdiction concludes its investigation or indicates it will not pursue the matter.

A supervisor, at a sergeant level or above, not involved in the incident is the investigating officer who conducts the investigation. The investigator reviews incident reports for accuracy and completeness and signs them.

The disciplinary hearing officer confirmed that time served in segregation pending the outcome of the proceedings can be

**STANDARD 3.1. DISCIPLINARY SYSTEM – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

credited to the number of days spent in the segregation unit after an adverse decision is adjudicated.

The disciplinary report and accompanying documents are not placed in the file of a detainee who is found not guilty; this material may be retained in the institution archives for statistical or historical purposes for a minimum of three years.

Disciplinary segregation is only ordered when alternative dispositions may inadequately regulate the detainee's behavior.

When a detainee has a diagnosed mental illness or mental disability, or demonstrates symptoms of mental illness or mental disability, a mental health professional, is consulted to provide input as to the detainee's competence to participate in the disciplinary hearing, any impact the detainee's mental illness may have had on his responsibility for the charged behavior, and information about any known mitigating factors in regard to the behavior.

An Institution Disciplinary Panel (IDP) conducts formal hearings on Incident Reports referred from investigations or UDCs and may impose higher level sanctions for "greatest" and "high" level prohibited acts.

Detainees with limited English proficiency (LEP) receive translation or interpretation services, and detainees with disabilities receive appropriate accommodations in order to meaningfully participate in the investigative, disciplinary, and appeal process.

If a detainee has a mental disability or mental illness but is competent, the disciplinary process considers whether the detainee's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. A mental health professional is consulted as to whether certain types of sanctions, (e.g., placement in disciplinary segregation, loss of visits, or loss of phone calls) may be inappropriate because they would interfere with supports that are a part of the detainee's treatment or recovery plan.

The detainee is advised in writing of his due process rights before the UDC, or before the IDP if the case is being referred directly to the IDP, as provided in this standard.

The IDP may receive incident reports following a referral from the UDC or directly from the investigative officer following the conclusion of the investigation.

The detainee's good behavior subsequent to the rule violation or prohibited act should be given consideration when determining the appropriate penalty. The OIC, in coordination with the FOD, works with prosecutors and other law enforcement officials to ensure that detainees, who engage in serious criminal activity, including violence against staff and other detainees, face criminal prosecution when appropriate.

**Overall Rating:** Meets Standard

**Reviewer Name (Prin** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017

**Reviewer Signature (for printed form submission):**

# *Section IV: CARE*

**Food Service**
**Hunger Strikes**
**Medical Care**
**Medical Care (Women)**
**Personal Hygiene**
**Suicide Prevention and Intervention**
**Terminal Illness, Advance Directives, and Death**


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| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for:<br>• Planning, controlling, directing, managing, and evaluating food service;<br>• Managing budget resources;<br>• Establishing standards of sanitation, safety and security;<br>• Developing nutritionally adequate menus and evaluating detainee acceptance of them;<br>• Developing specifications for the procurement of food, equipment, and supplies; and<br>• Establishing a training program that ensures operational efficiency and a high quality food service program. | Meets Standard | The food service program is operated by Trinity Services Group, a contract food service company. The food service director (FSD) has eight years of experience and is responsible for the bulleted items listed in this component. |
| 2. The knife cabinet must be equipped with an approved locking device. Knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision. | Meets Standard | The food service department does not use knives. Dough cutters are used to process food items. There is no secure cutting room. Processing tools are secured to the workstation while in use and detainee workers are directly supervised while using them. The tool cage is equipped with an approved locking device. All tools are maintained by a detention officer assigned to the food service department. |
| 3. Special procedures govern the handling of food items that pose a security threat. | Meets Standard | |
| 4. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date. | Meets Standard | |
| 5. During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates:<br>• Safe work practices and methods.<br>• Safety features of individual products/ pieces of equipment.<br>• Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. | Meets Standard | The FSD or the assistant FSD is responsible for training newly assigned detainee workers on all the bulleted items listed in this component. |
| 6. The cook supervisor documents all training. | Meets Standard | |


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| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. Detainees assigned to the food service department shall have a neat and clean appearance. | Meets Standard | Detainee workers were observed to be dressed appropriately and appeared to be neat and clean. |
| 8. Detainees are served three meals every day, at least two of which are hot meals. No more than 14 hours elapse between the last meal served and the first meal of the following day. | Meets Standard | Detainees are served three meals every day, at least two of which are hot meals. Meal times are at 5:00 a.m., 10:00 a.m. and 4:15 p.m. No more than fourteen hours elapse between meals. |
| 9. Meals shall always be prepared, delivered, and served under staff supervision. | Meets Standard | |
| 10. PRIORITY: Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below. | Meets Standard | Sanitary guidelines are maintained during the display, service and transport of food. Food temperatures are properly maintained during these stages. Hot/cold food temperature checks are logged for each meal. Food temperatures taken during the lunch meal of 05/02/2017 were within the prescribed safe temperature range. |
| 11. Servers must wear food grade plastic gloves and hair nets whenever there is direct contact with a food or beverage. Serving food without use of utensils is strictly prohibited. | Meets Standard | Food service staff and detainee workers were observed wearing appropriate glove and hair restraints. Serving food without utensils is prohibited. |
| 12. Utensils shall be sanitized as often as necessary to prevent cross-contamination and other food-handling hazards during food preparation and service. | Meets Standard | |
| 13. If the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (for example, salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature. | Meets Standard | The kitchen is equipped with the proper equipment to maintain the temperatures required for food safety. |
| 14. Food shall be delivered from one place to another in covered containers. | Meets Standard | |


FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 15. If food carts are delivered to housing units by detainees, they must be locked unless they are under constant supervision of staff. All food safety procedures (sanitation, safe-handling, storage, etc.) apply without exception to food in transit. | Meets Standard | All meals, except satellite meals for the SHU and medical department, are consumed in the dining room. The dining room and operating procedures provide sufficient space and time for detainees to eat meals in a relatively relaxed and unregimented atmosphere. Food delivered to the satellite feeding sites are delivered in enclosed carts. Officers provide constant supervision during the transport of the food trays. Appropriate food safety and sanitation procedures were observed to be in place. |
| 16. PRIORITY: A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. | Meets Standard | All menus have been certified to meet the U.S. RDA. All menus are reviewed and certified annually by a registered dietitian. Any revisions to the menus require re-certification by the dietitian. |
| 17. The CS or equivalent ensures that items on the master-cycle menu are prepared and presented according to approved recipes. | Meets Standard | |
| 18. The CS or equivalent has the authority to change menu items if necessary, documenting each substitution, along with its justification, with a copy to the FSA. Menu substitutions will be in accordance with dietician approved substitution guidelines. | Meets Standard | Food service staff are authorized to make menu substitutions and are required to document the substitution and justification to the FSD. Substitutions are in accordance with dietitian approved guidelines. |
| 19. Food service staff and detainee workers involved in cooking shall ensure that potentially hazardous foods are cooked at the required safe temperatures, as listed in the Detention Standard on Food service. | Meets Standard | |



FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 20. Facilities are required to provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice by offering a Common Fare Menu. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA. | Meets Standard | The common fare program is used to accommodate detainees whose religious dietary requirements cannot be met on the main menu. The chaplain is the approving authority for placing detainees on the common fare program. This is a pork free facility. There were 69 detainees participating in the common fare/religious diet program during the inspection. |
| 21. *(SPCs/CDFs) Once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card.* | Meets Standard | |
| 22. The common fare menu shall be based on a 14 day cycle. The menus must be certified as exceeding minimum daily nutritional requirements. Hot entrees shall be offered daily. | Meets Standard | The facility offers a 35-day common fare menu and a fourteen day kosher menu. Both menus have been nutritionally analyzed and address the requirements listed in this component. Hot entrees are offered daily. |
| 23. The chaplain, in consultation with local religious leaders if necessary, shall develop the ceremonial meal schedule for the following calendar year and provide it to the facility administrator. | Meets Standard | |
| 24. The Common Fare Program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year, such as Ramadan, Passover, and Lent. | Meets Standard | The food service department maintains a common fare/religious diet program to accommodate religious beliefs. The program honors the tenets of the Muslim, Jewish and other faith groups. |
| 25. Detainees with certain conditions – chronic or temporary; medical, dental, and/or psychological – shall be prescribed special diets as appropriate. | Meets Standard | The medical department provides a listing of detainees requiring medical diets. Documentation was reviewed supporting special diets. |
| 26. The sanitary standards, including proper temperature maintenance, are required in the food service department also apply to satellite meals, from preparation to actual delivery. | Meets Standard | |



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2018-ICLI-00023 6561

| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 27. Food for satellite meals must be prepared and held at the proper temperatures until served. Satellite tray meals must be delivered and served within two hours of food being plated. | Meets Standard | Food for satellite meals are prepared and held at temperatures that meet time and temperature guidelines. Satellite trays are plated, delivered and served within two hours. Temperatures of plated foods were checked during the lunch meal on 05/02/2017 and were found to be compliant with applicable standards. |
| 28. In segregation units, food rations shall not be reduced or changed or otherwise used as a disciplinary tool. | Meets Standard | |
| 29. Sack meals shall be provided for detainees being transported from the facility, and detainees arriving or departing between scheduled meal hours, and detainees in the SMU, as provided in the standard.<br>Sack meals shall be of the same nutritional quality as other meals prepared by the food service. | Meets Standard | A review of documentation and observation of the preparation of sack meals, confirmed the sack meals are of the same nutritional quality as other meals prepared by food service. |
| 30. The food service staff instruct detainee volunteers on:<br>• Personal cleanliness and hygiene;<br>• Sanitary techniques for preparing, storing, and serving food, and;<br>• The sanitary operation, care, and maintenance of equipment. | Meets Standard | Food service staff instruct detainee workers on the bulleted items of this component. Documentation of the training is maintained in the detainee's detention file. |
| 31. All food service personnel, including staff and detainees, shall receive a pre-employment medical examination. The Cook Foreman or detention staff assigned to food service shall inspect all detainee food service workers on a daily basis at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness. | Meets Standard | All food service personnel, including staff and detainees, receive pre-employment medical examination. The FSD or assistant FSD conducts a health/hygiene inspection of all food service detainees prior to the start of their daily shift. Detainees who exhibit signs of illness are prohibited from working and are referred to health services for further assessment and/or treatment. Medical clearance is required before those individuals are permitted to return to work. |
| 32. The food service department complies with food safety and sanitation requirements as prescribed by the governing health inspection authority, applicable laws and contract provisions. | Meets Standard | |


FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 33. All facilities shall meet environmental standards for safety and sanitation. | Meets Standard | |
| 34. The FSA shall develop a schedule for the routine cleaning of equipment consistent with the information obtained from manufacturers or local distributors, the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies about the operation, cleaning, and care of equipment. | Meets Standard | The FSD has developed an equipment cleaning schedule. Schedules for routine cleaning are posted throughout the food service area. The established cleaning schedule is consistent with industry standards, such as those of the NFS. |
| 35. Spray or immersion dishwashers or devices – including automatic dispensers for detergents, wetting agents, and liquid sanitizer – shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles. | Meets Standard | |
| 36. Adequate, sanitary, properly equipped, and conveniently located toilet facilities shall be provided for all food service staff and detainee workers. | Meets Standard | |
| 37. The FSA is responsible for pest control in the food service department. Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents. | Meets Standard | A licensed pest control company conducts monthly exterminating services, to include preventative spraying for indigenous pests. The food service department doors to the outside are equipped with air curtains. |
| 38. The facility shall implement written procedures requiring administrative, medical, and/or dietary personnel to conduct the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas. | Meets Standard | Policy and written procedures requires that dietary personnel conduct weekly inspections of all equipment, storage areas and food preparation areas. |



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2018-ICLI-00023 6563

| STANDARD 4.1. FOOD SERVICE (Key: T) | | |
|---|---|---|
| This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 39. PRIORITY: Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures.<br>The FSA or CS shall inspect food service areas at least weekly.<br>An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. | Meets Standard | The June 2015 ODO report indicated that water temperatures of the pot and pan sink were not being recorded. Observation of this area during the inspection and a review of documentation confirmed refrigeration and water temperatures are being documented as required. Daily inspections of all food service areas are conducted and documented by the FSD or the assistant FSD. Food service facilities and equipment meet established governmental health and safety codes, as documented by the inspections conducted by the Georgia Department of Public Health. |
| 40. The FSA shall develop a cleaning schedule for each food service area and post it for easy reference. | Meets Standard | |
| 41. Each FSA shall establish procedures for storing, receiving, and inventorying food. | Meets Standard | |
| 42. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures. | Meets Standard | Observation of food storage areas confirmed that products are stored a minimum of six inches of the ground. There was no indication of pest and/or rodent infestation. |
| 43. Perishables shall be stored at 35-40 F degrees to prevent spoilage and other bacterial action, and maintain frozen foods at or below zero degrees. | Meets Standard | |
| 44. Inventory levels are established, monitored and periodically adjusted to correct excesses or shortages. | Meets Standard | The FSD monitors inventory levels and makes appropriate adjustments to correct excesses and/or shortages. The FSD reported that a fifteen-day supply of food was maintained. |

| STANDARD 4.1. FOOD SERVICE – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |



FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

**STANDARD 4.1. FOOD SERVICE – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The food service program is operated by a contracted food service company and is providing detainees with nutritious and appetizing meals prepared in accordance with industry standards. Food was observed to be prepared with minimal manual contact. All leftovers are labeled to identify the product, preparation date and time. The food service area was clean and well lit. Kitchenware and food contact surfaces are washed, rinsed and sanitized after each use and after any interruption of operation. Garbage and trash are collected and removed as required. Refuse containers had sufficient capacity for the volume.

Meal service is a combination of dining room and satellite feeding operations. Meals prepared for the dining room are served via blind serving line method. The design of the detainee dining room facilitates free seating, ease of movement, and ready supervision. Detainees are provided a minimum of twenty minutes per meal. Meals prepared for SHU are delivered under staff supervision. There is an established meal schedule for detainee food service workers. Detainee workers are provided the same meals as the population and are prohibited from preparing special food items.

The FSD is responsible for ensuring that kitchen staff are trained and knowledgeable of all food service posts within the department. Officers conduct daily shakedowns of detainee workers and the entire food service department and are also responsible for conducting population census counts.

A fixed fire suppression hood system is installed over ovens, grilles and steam pots. An external qualified company inspects the fire suppression system semi-annually as required. The fire suppression system is equipped with an audible alarm and is connected to the control center's annunciator panel. Hoods are cleaned as required and all equipment is equipped with automatic shut-offs.

Adequate rest room facilities are provided and observed to be equipped with hot and cold water, trash receptacles, soap and hand dryers. Preparation, serving and storage areas were observed to be clean and neat, with no evidence of pest infestation. Only those chemicals and hazardous materials required for sanitary maintenance of the food service area, equipment and utensils are used and were observed to be properly stored.

Manufacturer's information about the operation, cleaning and care of the equipment is maintained by the FSD and used to develop the cleaning and sanitation procedures of the equipment. All equipment is installed in accordance with the manufacturer's recommendations and approved engineering practices. A sink with three labeled compartments, with hot and cold water, is utilized for manually washing, rinsing and sanitizing pots, pans, utensils and equipment. Plates, cups, utensils and equipment placed in the machine are exposed to all cycles.

Interviews with the FSD and chaplain confirmed requests for religious diets are granted unless an articulable reason exists to disqualify someone for religious accommodation or the detainee’s practice poses a significant threat to the secure and orderly operation of the facility. The mechanism used for determining detainee eligibility for a religious diet does not pose a substantial burden on the detainee or consist of lengthy questionnaires or numerous interviews. Requests are responded to within ten days of receipt. All requests for religious diet accommodations are reviewed on a case-by-case basis. Interviews with the OIC and FSD, and a review of policy, revealed that procedures are in place that require the OIC to notify the FOD prior to denying a request for a religious diet or removing a detainee from a religious diet.

The facility provides communication assistance to LEP detainees and detainees with disabilities to ensure access to programs and service. This may be achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities such as TTY. Written materials provided to detainees are translated into Spanish. Oral interpretation or assistance is provided to any detainee who speaks another language in which written material has not been translated or who is illiterate.

During evaluation of this standard, documentation was examined; employees and detainees were interviewed; food service areas were inspected; temperatures were checked and the food preparation and serving process was observed.

| STANDARD 4.1. FOOD SERVICE – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 4.2. HUNGER STRIKES (Key: U) | | |
|---|---|---|
| This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. All staff receive initial and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques. | Meets Standard | Per policy, all personnel receive initial and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical personnel, in addition to their formal training, remain up-to-date on hunger strike evaluation and treatment techniques. Training files verified up-to-date training. |
| 2. Procedures for identifying and referring to medical staff a detainee suspected or announced to be on a hunger strike shall include obtaining from qualified medical personnel an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness. | Meets Standard | Established procedures for identifying and referring to medical personnel a detainee suspected or announced to be on a hunger strike includes obtaining from qualified mental health personnel an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness. |
| 3. PRIORITY: Facility immediately reports via the chain of command a hunger strike to ICE/ERO. | Meets Standard | Detainee hunger strikes are immediately reported to ICE. |
| 4. PRIORITY: Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, and shall refer him or her to the clinical medical authority for evaluation and management. | Meets Standard | Per policy, any detainee observed to have not eaten for 72 hours will be considered to be on a hunger strike and will be referred to medical and mental health personnel for evaluation and management. |

| STANDARD 4.2. HUNGER STRIKES (Key: U) | | |
|---|---|---|
| This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 5. During the initial evaluation of a detainee on a hunger strike, medical staff shall:<br>• Measure and record height and weight;<br>• Measure and record vital signs;<br>• Perform urinalysis;<br>• Conduct psychological/psychiatric evaluation;<br>• Examine general physical condition; and<br>• If clinically indicated, proceed with other necessary studies.<br>Medical staff record the weight and vital signs and repeat other procedures as medically indicated of a hunger-striking detainee at least once every 24 hours.<br>Medical staff shall record all examination results in the detainee's medical file. | Meets Standard | Medical personnel complete and record each of the requirements listed in this component immediately upon notification of a possible hunger strike. Additional tests, examinations and evaluations are conducted as indicated. The detainee's weight, vital signs and other evaluations are recorded every 24 hours for the duration of the hunger strike. All results are documented in the detainee's medical file. |
| 6. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment. If the detainee will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form. Any detainee refusing medical treatment will be monitored by medical staff to evaluate whether the hunger strike poses a risk to the detainee's life or permanent health. | Meets Standard | A signed refusal of treatment form is obtained from every detainee who refuses a medical evaluation or treatment. If the detainee does not cooperate by signing, personnel note this on the refusal form, and medical personnel continue to monitor the detainee to determine whether the hunger strike poses a risk to the detainee's life or permanent health. |
| 7. After the hunger strike, medical staff shall provide appropriate medical and mental health follow-up care. Only the clinical medical authority may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record. A notation will be made in the detention file when the detainee has ended the hunger strike. | Meets Standard | At the conclusion of a hunger strike, medical personnel provide appropriate medical and mental health follow-up care as needed. Per policy, only the physician can order a detainee's release from hunger strike treatment, and the order must be documented in the detainee's medical record. An additional notation is made in the detention file when the hunger strike has ended. |


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| STANDARD 4.2. HUNGER STRIKES (Key: U) | | |
|---|---|---|
| This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. After consultation with the clinical medical authority, the facility administrator may require staff to measure and record food and water intake and output until terminated by the clinical medical authority. An IHSC Hunger Strike Form or equivalent must be used. | Meets Standard | When ordered by the physician, medical personnel record all food and water/fluid intake and output until terminated by the physician. The facility uses an IHSC intake and output hunger strike form. |
| 9. Unless otherwise directed by the medical authority, staff physically deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers. | Meets Standard | During the previous inspection, this component was rated "Does Not Meet Standard" due to missing documentation for offered meals. Unless directed otherwise by the physician, personnel deliver three meals per day to the detainee, regardless of the detainee's response to a verbally offered meal and document those meal offers. A review of hunger strike documentation indicated all delivered and offered meals were documented. |
| 10. Provide an adequate supply of drinking water or other beverages. | Meets Standard | An adequate supply of drinking water and other beverages are provided to the detainee, and there is independent access to water in the observation cell. |
| 11. Remove from the detainee's room all food items not authorized by the clinical medical authority. | Meets Standard | Per policy, any detainee participating in a hunger strike is housed in the medical department in an observation cell which is free of any food items. Hunger striking detainees are not permitted to purchase food items from the commissary. |
| 12. Before involuntary medical treatment is administered, staff shall make reasonable efforts to educate and encourage him or her to accept treatment voluntarily. Involuntary medical treatment shall be administered in accordance with established guidelines and applicable laws and only after the clinical medical authority determines the detainee's life or health is at risk. | Meets Standard | Medical personnel make an effort to educate and encourage the hunger striker to accept treatment. Per the health services administrator (HSA), involuntary treatment would only be considered after it has been determined the detainee's health/life is at risk and in compliance with applicable state laws and a court order. |



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**STANDARD 4.2. HUNGER STRIKES – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

In order to provide access to programs and services, the facility provides communication assistance to LEP detainees with disabilities. This may be achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the standard.

During initial referral, medical personnel document the reasons for placing a detainee in an observation room in the medical department. This decision is reviewed daily. Medical personnel monitor detainees in the observation room as medically indicated and mental health needs are considered. Medical personnel make the decision about appropriate housing placement when food and liquid intake/output is measured.

During the initial medical evaluation and management, medical staff monitor the health of a detainee on a hunger strike. If a detainee engaging in a hunger strike has been previously diagnosed with a mental health condition, or is incapable of giving informed consent due to age or illness, appropriate medical/administrative action is taken in the best interest of the detainee. IHSC staff modify or augment standard treatment protocols. If medically necessary, detainees are transferred to a community hospital or a detention facility appropriately equipped for treatment. Records are kept of all interactions with the striking detainee, the provision of food, attempted and successfully administered medical treatment, and communications between the physician, the OIC and ICE.

Detainees on hunger strikes may not purchase food/snacks. Detainees refusing to accept treatment are counseled by medical staff regarding the medical risks associated with refusal of treatment. When clinical assessment and laboratory results indicate the detainee's weakening condition threatens the life or long-term health of the detainee, a physician recommends involuntary treatment. The facility administrator notifies ICE if a detainee is refusing treatment, and the health services administrator notifies the respective FOD in writing of any proposed plan to involuntarily feed the detainee. Any involuntary medical treatment is approved by ICE. The FOD, in consultation with the physician, contacts the respective ICE Office of Chief Counsel and the U.S. Attorney's Office and discusses any impending involuntary medical treatment and makes recommendations regarding pursuing a court order. Medical personnel continue clinical and laboratory monitoring as necessary until the detainee's life or health is out of danger and continue medical and mental health follow-up as necessary.

Policy and procedures outline guidelines for the management of hunger striking detainees.

Since the last inspection, there have been nineteen hunger strikes. Fifteen of the hunger strikes lasted less than three days and were self-terminated by the detainees. Four hunger strikes were of a longer duration as follows: One hunger strike was of twelve days duration. While the detainee did not eat, he had independent access to water in his cell and accepted all fluids/beverages offered by personnel. At the time of admission, he provided a mental health history of major depressive disorder and was on the mental health case load. The detainee did not require treatment outside the facility. It is documented he was on a hunger strike because he was protesting his detention. Two detainees were on hunger strikes for thirteen days. Both detainees did not eat but had independent access to water in their cells and accepted all beverages offered by personnel. At the time of admission, both detainees provided no mental health history, and both did not require treatment outside the facility. It is documented both were unhappy as to how their cases were being handled. The final detainee is in day fifteen of a current hunger strike. The detainee has not eaten but has independent access to water in his cell and has accepted all fluids/beverages offered by personnel. At the time of admission, the detainee provided no mental health history and has required no treatment outside the facility. It is documented the detainee stated he did not trust ICE and is not going to eat until released. Facility administration and ICE were informed of all nineteen hunger strikes and have been kept up to date on the longer hunger strikes.

Evaluation of the standard was determined following a review of policy, procedures, training files and medical files, personnel interviews and observations.

**Overall Rating:** Meets Standard

| STANDARD 4.2. HUNGER STRIKES – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Reviewer Name (Printe** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Every facility shall directly or contractually provide its detainee population:<br>• Initial medical, mental health, and dental screening,<br>• Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services<br>• Comprehensive, routine and preventive health care, as medically indicated<br>• Emergency care, Specialty health care,<br>• Timely responses, Mental health care,<br>• Hospitalization as needed within the local community, and<br>• Staff or professional language services necessary for detainees with limited English proficiency during any medical or mental health appointment, sick call, treatment, or consultation | Meets Standard | The facility directly and/or contractually provides all of the services and care listed in this component. Translation services are provided through use of the Language Line. The facility is accredited by ACA and NCCHC. |
| 2. A designated health services administrator (HSA) or equivalent in non-IHSC staffed detention facilities shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The HSA is a physician or health care professional and shall be identified to detainees. When the HSA is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority. In no event should clinical decisions be made by non-clinicians. | Meets Standard | Pursuant to a written job description, the health services administrator (HSA) is the administrative health authority. Final clinical decisions are made by the clinical medical authority who is the physician medical director. Clinical decisions are not made by non-clinicians. |
| 3. PRIORITY: All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually, identifies the positions needed to perform the required services. | Meets Standard | A review of the staffing plan verified there are sufficient clinical and support personnel to provide the scope of services as required by the standard. The staffing plan is reviewed annually with the most recent review dated 01/01/2017. |
| 4. PRIORITY: All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders. | Meets Standard | Review of medical personnel credentialing files verified all personnel are appropriately licensed/certified as required by the state and performing within the scope of their license/certification and written job description or by written standing or direct orders by personnel authorized by law to give such orders. |


FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 5. The facility administrator, in collaboration with the clinical medical authority and HSA, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission. | Meets Standard | Memoranda of understanding and informal agreements have been developed with local hospitals and physicians to provide required health care not available within the facility. Security officers have been identified to transport and remain with detainees for the duration of any off-site treatment including hospitalization. |
| 6. PRIORITY: Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies.<br>Plans shall include:<br>• Coordination with public health authorities;<br>• Ongoing education for staff and detainees;<br>• Control, treatment and prevention strategies;<br>• Protection of individual confidentiality;<br>• Media relations;<br>• Procedures for the identification, surveillance, immunization, follow-up and isolation of patients;<br>• Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and<br>• Management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety. | Meets Standard | Policy establishes written procedures that address communicable disease management and includes all of the requirements listed in this component. |
| 7. PRIORITY: All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines. | Meets Standard | Per policy, all new arrivals receive TB screening and a chest x-ray within twelve hours of admission if there is no documentation of a negative TB skin test or chest x-ray within the last twelve months. Review of medical records verified practice. Many ICE detainees arrive with current screening and testing completed. |


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2018-ICLI-00023 6573

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. Detainees with symptoms suggestive of TB, or with suspected or confirmed active TB disease based on clinical and/or laboratory findings, shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. Patients with suspected active TB shall remain in airborne infection isolation until determined by a qualified provider to be noncontagious in accordance with CDC guidelines. | Meets Standard | Detainees with symptoms suggestive of active TB disease or diagnosed with active TB are placed in one of four negative pressure respiratory isolation rooms located in the medical department. Detainees remain in isolation as clinically indicated and are released only following evaluation and written order from the physician. |
| 9. For all confirmed and suspected active tuberculosis cases, designated medical staff shall report:<br>• All cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable laws<br>• All cases to the ICE HQ Epidemiology Unit within one working day.<br>• Any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the ICE HQ Epidemiology Unit | Meets Standard | The written communicable disease plan includes each of the requirements listed in this component. Detainees diagnosed with active tuberculosis infection are evaluated for possible HIV infection. |
| 10. PRIORITY: Designated medical staff shall notify the ICE Epidemiology Unit of any varicella (e.g. herpes zoster [shingles], chicken pox) cases among ICE detainees and of any ICE detainees exposed to active varicella without a history of prior varicella or varicella immunization. | Meets Standard | The HSA/designee is responsible to notify the ICE Epidemiology Unit of any potential or active varicella cases. |
| 11. Facilities must develop a plan to ensure the highest degree of confidentiality regarding HIV status and medical condition. | Meets Standard | The communicable disease management plan addresses confidentiality regarding HIV status and medical condition. |
| 12. When current symptoms are suggestive of HIV infection, clinical evaluation shall determine the medical need for isolation. | Meets Standard | Per policy, clinical/physician evaluation determines the medical need for isolation when current symptoms are suggestive of HIV infection. |
| 13. Each facility shall establish a plan to address exposure to blood-borne pathogens, including reporting. | Meets Standard | There is a written blood-borne pathogens control manual which addresses exposure and reporting. New HIV-positive diagnoses are reported to the appropriate governmental agencies as required by state and local laws. |


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2018-ICLI-00023 6574

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 14. The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained; access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees. | Meets Standard | At the time of in-processing, each detainee receives a copy of the facility handbook, national detainee handbook and any applicable supplements which address access to health care services. Detainee orientation includes access to health care services, sick call and the medical grievance process. |
| 15. Detainees shall not be used for interpretation services during any medical or mental health service. Interpretation and translation services by other detainees shall only be provided in an emergency medical situation. | Meets Standard | Per the HSA, detainees are not used for interpretation services during any medical or mental health service except in the case of an extreme emergency. There are many bilingual personnel in the facility. |
| 16. Facilities shall post signs in medical intake areas in the major languages spoken by the detainee population listing what language assistance is available during any medical or mental health treatment, diagnostic test, or evaluation. | Meets Standard | Signs, posted in the medical intake area and medical department, list the major languages spoken by the detainee population and language assistance available during any medical or mental health treatment, diagnostic test or evaluation. |
| 17. PRIORITY: Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainees' privacy. | Meets Standard | Observations in the medical intake screening area and the medical department indicated that medical, dental and mental health services are provided in an environment that respects detainee privacy. |
| 18. A holding/waiting area shall be located in the medical facility that is under the direct supervision of custodial officers. A detainee toilet and drinking fountain shall be accessible from the holding/waiting area. | Meets Standard | The medical department includes a holding/waiting area which is under the direct supervision of a security officer and includes a toilet and drinking fountain. |
| 19. Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit. | Meets Standard | The medical department uses an electronic medical record (EMR) named eClinicalWorks. Records are maintained separately from detainee detention records. The EMR is username and password restricted to medical personnel. |



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2018-ICLI-00023 6575

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 20. If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, consideration shall be given to the detainee's age, gender, medical requirements and custody classification, and the following minimum standards shall be met:<br>• Physician at the facility or on call 24 hours per day;<br>• Qualified health care personnel on duty 24 hours per day when patients are present;<br>• All patients within sight or sound of a staff member;<br>• Medical housing record that is a separate and distinct section of the complete medical record; and<br>• Compliance with all established guidelines and applicable laws.<br>Facilities are expected to provide detainees in medical housing access to other services such as telephone, legal access and materials consistent with their medical condition. | Meets Standard | There is no infirmary. The medical department includes a five-bed medical/mental health housing unit. Included is one suicide watch cell and four negative air pressure respiratory isolation/observation rooms. Operating procedures include all of the requirements listed in this component. |
| 21. Prior to placing a mentally ill detainee in medical housing, a determination shall be made by a medical or mental health professional that placement in medical housing is medically necessary. | Meets Standard | Per policy, prior to placing a mentally ill detainee in medical housing, a mental health professional conducts an evaluation to determine the placement is medically necessary. |


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2018-ICLI-00023 6576

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 22. PRIORITY: Each facility shall have and comply with written policy and procedures for the management of pharmaceuticals that include procurement, inventory, prescription, dispensing, and secure storage and disposal of all prescription and nonprescription medicines. | Meets Standard | Written pharmacy policy addresses each of the requirements listed in this component. There is one full-time contractual pharmacist and two full-time technicians. Prescriptions are filled onsite. The pharmacy is a restricted access area with access restricted to pharmacy and medical personnel. There is a solid ceiling with floor to ceiling solid walls and a steel door with high security lock. There is a small storage area outside the pharmacy for storage of sharps and medical tools. The area is restricted to medical personnel who inventory controlled medication, sharps and tools at the beginning and end of each shift. |
| 23. The facility administrator and HSA shall jointly approve any non-prescription medications that are available to detainees outside of health services and they shall jointly review the list annually at a minimum. | Meets Standard | The OIC and HSA have compiled and approved a list of non-prescription medications that are available to detainees outside of health services. The list is reviewed/revised annually with the most recent review dated 04/04/ 2017. |


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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 24. PRIORITY: Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.<br>The screening shall inquire into the following:<br>• Any past history of serious infectious or communicable illness, and any treatment or symptoms;<br>• Current illness and health problems, including communicable diseases;<br>• Pain assessment;<br>• Current and past medication;<br>• Allergies;<br>• Past surgical procedures;<br>• Symptoms of active TB or previous TB treatment;<br>• Dental problems;<br>• Use of alcohol and other drugs;<br>• Possibility of pregnancy;<br>• Other relevant health problems identified by the CMA responsible for screening inquiry;<br>• Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;<br>• History of suicide attempts or current suicidal/homicidal ideation or intent;<br>• Observation of body deformities and other physical abnormalities;<br>• A transgender detainee's gender self-identification and history of transition-related care, when a detainee self-identifies as transgender;<br>• Past hospitalizations;<br>• Chronic illness (including, but not limited to, hypertension and diabetes);<br>• Dietary needs; and<br>• Any history of physical or sexual victimization and when the incident occurred. | Meets Standard | A medical, dental and mental health intake screening by licensed medical personnel is conducted on every detainee within twelve hours of admission and addresses each of the requirements listed in this component. Review of medical records verified practice. |
| 25. If screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information. | N/A | Intake medical, dental and mental health screenings are only conducted by licensed medical personnel who are on duty at all times. |



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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 26. PRIORITY: Any detainee indicating a known acute or emergent medical condition or demonstrating a clinically significant finding as a result of initial screening shall be evaluated by a qualified, licensed health care provider as quickly as possible, but in no later than two working days. | Meets Standard | Due to only licensed medical personnel conducting the intake medical, dental and mental health screening, detainees indicating an acute or emergent medical condition are immediately identified, evaluated and treated as clinically indicated. |
| 27. PRIORITY: If at any time during the screening process there is an indication of need, or request for, mental health services, the HSA must be notified within 24 hours. The clinical medical authority, HSA, or other qualified licensed health care provider shall ensure a full mental health evaluation if indicated. If a detainee discloses a history of sexual victimization or abuse during a medical or mental health intake screening, whether it occurred in an institutional setting or in the community, a referral to a qualified, licensed healthcare provider shall be made immediately. | Meets Standard | Per policy, if at any time during the in-processing screening there is an indication of need or a request for mental health services, the HSA and mental health provider are immediately notified. If a detainee discloses a history of sexual victimization or abuse during an intake screen, the detainee is immediately referred to a qualified/licensed healthcare provider. |
| 28. All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented. | Meets Standard | Policy requires documentation of the initial health screening and assessment in detainee specific medical records. Review of medical records verified practice. |
| 29. PRIORITY: Upon completion of the in-processing health screening form, the detention officer shall immediately notify medical staff when one or more positive responses are documented. Medical staff will then assess the priority for treatment (for example, Urgent, Today, or Routine). | N/A | Due to medical personnel completing the in-processing health screening form, they are immediately aware of any detainee needing an immediate evaluation. |
| 30. PRIORITY: Limited-English proficient detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities.<br>Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service. | Meets Standard | Detainees are provided assistance as needed for interpretation or translation. Bilingual personnel or the language line service is used. Assistive devices for the deaf or hard of hearing are available onsite. |



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2018-ICLI-00023 6579

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 31. The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification. | Meets Standard | There are written guidelines for the evaluation and treatment of newly admitted detainees who require detoxification. Detainees experiencing severe intoxication or withdrawal are immediately transferred to the emergency department for treatment and referral. |
| 32. PRIORITY: Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition. If such documentation exists of such a health assessment within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by physician) or other healthcare provider permitted by law. | Meets Standard | Per policy, a comprehensive health assessment, including a physical examination and mental health screening, will be performed for each detainee within fourteen days of in-processing unless more immediate attention is required due to an acute or identifiable chronic condition. A review of medical records verified practice consistent with policy and the standard. The assessments are conducted by trained RNs or midlevel providers with a documented review by the physician. RN training by the physician was documented in the medical department personnel credentialing file. Detainees request an independent health examination by submitting a written request to the FOD. The cost of the exam is at the detainee's expense. |
| 33. A detainee's request to see a health care provider of a particular gender is accommodated, whenever possible. Otherwise, detainees are provided same sex chaperones if requested. | Meets Standard | Per the HSA, a detainee's request to see a health care provider of a particular gender is accommodated when possible; if requested, detainees are provided same sex chaperones. |


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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 34. PRIORITY: Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee's medical record. Where medical staff furthermore determine the condition to be serious enough to require medical clearance of the detainee prior to transfer or removal, medical staff also place a medical hold on the detainee using the Medical/Psychiatric Alert form (IHSC-834) or equivalent, which serves to prevent ICE from transferring or removing the detainee without the prior clearance of medical staff at the facility. The facility administrator receives notice of all medical/psychiatric alerts or holds, and notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred. | Meets Standard | Per policy, when a detainee has a serious medical or mental health condition or requires special or close medical care, medical personnel complete an alert form (IHSC-834) which is filed in the medical record. If medical personnel determine the condition to be serious enough to require medical clearance prior to transfer/removal, medical personnel will place a "medical hold" on the detainee using the same alert form. The OIC receives notice of all alerts and holds, and ICE is notified when such a hold may impact transfer/removal of the detainee. |
| 35. PRIORITY: The facility performs mental health intake screening, as well as mental health evaluations based on screening results, the comprehensive health assessment, medical documentation, or subsequent observations, that include prior history of mental health treatment, medications, drug use, suicidal tendencies, and abuse, observations of current physical and intellectual condition, and recommendations for any appropriate medical or custodial treatment.<br>Detainees are appropriately referred to a mental health provider for diagnosis, treatment, and/or intervention, and transferred to licensed mental health facilities where detainee mental health needs exceed the capabilities of the facility. | Meets Standard | Review of medical records indicated that licensed health care providers perform mental health intake screenings. Detainees are referred to licensed mental health personnel or the psychiatrist for mental health evaluations, diagnoses, treatment, and/or intervention as needed. Detainees are transferred to off-site facilities if mental health needs exceed the capabilities of the facility. |



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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 36. PRIORITY: Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary no later than 72 hours after the referral, or sooner if necessary.<br>The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee's mental illness or developmental disability needs exceed the treatment capability of the facility. | Meets Standard | Per policy, any detainee referred for mental health treatment will receive a comprehensive evaluation by a licensed mental health provider no later than 72 hours after the referral. The provider will develop an overall treatment/management plan that could include transfer to a mental health facility if the detainee's mental illness or developmental disability needs exceed the treatment capability of the facility. Review of 25 medical records indicated nine of the 25 had been referred to mental health, and all detainees were consistently evaluated within 72 hours of mental health referral. |
| 37. Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage. | Meets Standard | Per policy, orders for psychotropic medication are not issued for more than thirty days. The detainee's condition is re-evaluated by a licensed medical professional before the prescription is renewed. |
| 38. The facility has a mental health staffing component on call to respond to the needs of the detainee population 24 hours a day, seven days a week. | Meets Standard | Mental health personnel are on call at all times. |
| 39. The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee. | Meets Standard | The physician may place a detainee who is at high risk for violent behavior because of a mental health condition in medical isolation. Daily reassessment is required. |


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2018-ICLI-00023 6582

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 40. PRIORITY: The facility shall have written procedures for restraints for medical or mental health purposes that specify:<br>• The conditions under which restraints may be applied;<br>• The types of restraints to be used;<br>• The proper use, application, and monitoring of restraints;<br>• Requirements for documentation, including efforts to use less restrictive alternatives; and<br>• After-incident review. | Meets Standard | There are written procedures for restraints for medical/mental health purposes which address each of the requirements listed in this component. Since the last inspection, there has been one use of restraints of two hours duration for mental health purposes. Record review verified policy was followed. |
| 41. PRIORITY: Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. Absent declared medical emergency, before psychotropic medication is involuntarily administered, it is required that the HSA contact ERO Management, who shall contact respective DHS/ICE Chief Counsel.<br>The authorizing physician shall:<br>• Review the medical record of the detainee and conduct a medical examination;<br>• Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication;<br>• Specify the medication to be administered, the dosage, and the possible side effects of the medication;<br>• Document that less restrictive intervention options have been exercised without success;<br>• Detail how the medication is to be administered;<br>• Monitor the detainee for adverse reactions and side effects; and<br>• Prepare treatment plans for less restrictive alternatives as soon as possible. | Meets Standard | Written policy establishes procedures which address all of the requirements listed in this component. Since the last inspection, there have been no incidents of involuntary administration of psychotropic medications. |



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2018-ICLI-00023 6583

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 42. A detainee that is in ICE custody for over a year continuously shall receive health examinations on an annual basis. Detainees shall have access to age and gender appropriate exams annually, including rescreening for tuberculosis. | Meets Standard | Detainees in ICE custody continuously over a year are provided annual, age appropriate health examinations including rescreening for tuberculosis. In a review of 25 medical records, there were five detainees who have been in the facility in excess of one year. All detainees have received an annual physical examination and rescreening for tuberculosis by chest x-ray. |
| 43. An initial dental screening exam shall be performed within 14 days of the detainee's arrival.<br>• Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection.<br>• Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six (6) months. Dental exams and treatment are provided only by licensed dental personnel. | Meets Standard | An initial dental screening examination is performed by a trained RN or midlevel provider within fourteen days of the detainee's in-processing. Policy addresses the requirements listed in this component. |
| 44. PRIORITY: Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.<br>This procedure shall include:<br>• Clearly written policies and procedures;<br>• Sick call process will be communicated in writing and verbally to detainees during their orientation;<br>• Regularly scheduled "sick call" times will be established and communicated to detainees;<br>• All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately.<br>All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call. | Meets Standard | Sick call procedures allow detainees unrestricted opportunities to request medical, mental health and dental services. Procedures include all the requirements listed in this component. In an urgent situation, the detainee is able to communicate with security personnel who immediately contact medical personnel. Sick call is conducted seven days a week. Medical personnel conduct daily wellness checks on each detainee in the restricted housing unit (RHU). The wellness checks are documented in the RHU and in a log located in the medical department. Detainees housed in the RHU have equivalent access to sick call as general population detainees. |


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| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 45. If the procedure uses a written request slip, they shall be provided in English and the most common languages spoken by the detainee population of that facility. Limited-English proficient detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed or other assistance as needed to complete a request slip. | Meets Standard | The facility does not use written sick call request slips. Open sick call is conducted seven days a week, and detainees can freely report for sick call as often as desired. |
| 46. Medical personnel shall review the request slips and determine when the detainee will be seen based on acuity of the problem. All facilities shall maintain a permanent record of all sick call requests. | N/A | Sick call requests are not used at this facility. Open sick call is conducted daily. |
| 47. PRIORITY: Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.<br>A plan shall be prepared in consultation with the facility's clinical medical authority or the HSA. The plan will include the following:<br>• An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day;<br>• A list of telephone numbers for local ambulances and hospital services available to all staff;<br>• An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff;<br>• All detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually;<br>• Security procedures that ensure the immediate transfer of detainees for emergency medical care. | Meets Standard | There is a written emergency services plan for the delivery of 24-hour emergency health care. The physician and HSA, jointly, developed the plan which includes each of the requirements listed in this component. The plan includes provisions for the emergency evacuation of a detainee from the facility. Non-medical personnel contact medical personnel when questioning the need for emergency care. Emergency response equipment is available. All medications and treatments are provided on schedule. |


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2018-ICLI-00023 6585

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 48. PRIORITY: Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes:<br>• Responding to health-related situations within four (4) minutes;<br>• Recognizing of signs of potential health emergencies and the required responses;<br>• Administering first aid, AED and cardiopulmonary resuscitation (CPR);<br>• Obtaining emergency medical assistance through the facility plan and its required procedures;<br>• Recognizing signs and symptoms of mental illness and suicide risk;<br>• The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. | Meets Standard | Training records verified annual training is provided to all security and medical personnel which addresses each of the requirements listed in this component. |
| 49. The designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits. | Meets Standard | The HSA and OIC have determined the contents, number, locations, use protocols and procedures for the monthly inspection of first aid kits. |
| 50. Distribution of medication (including over the counter) shall be in accordance with specific instructions and procedures established by the HSA in consultation with the CMA. Written records of all medication given to or refused by detainees shall be maintained. Detainees may not deliver or administer medications to other detainees. | Meets Standard | Distribution/administration of medication, including over the counter medication, is only provided by either a specific physician order or per an approved treatment protocol. All doses of medication administered or refused are documented on a detainee-specific medication administration record (MAR) which becomes a permanent part of the detainee's medical record. Per policy, detainees cannot deliver or administer medications to other detainees. Medications are administered by licensed medical personnel |



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2018-ICLI-00023 6586

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 51. If prescribed medication must be delivered at a specific time when medical staff is not on duty, it may only be distributed by detention officers who have received proper training by the HSA or designee, where it is permitted by state law to do so.<br>The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority. | N/A | Licensed medical personnel are on duty at all times and distribute/administer all medications. |
| 52. Qualified health care personnel shall provide detainees health education and wellness information. | Meets Standard | Health education and wellness information is available in the medical department and provided during clinic encounters. Detainee treatment questions are answered by medical personnel. |
| 53. The clinical medical authority for each facility must have a plan to notify ICE in writing of any detainee with special needs. The written notification must become part of the detainee's health record file. | Meets Standard | Per policy, ICE is notified in writing electronically through use of a Special Needs Smart Form for any detainee with special needs. The written notification is included in the detainee's medical record. |
| 54. Consistent with the IHSC Detainee Covered Services Package, detainees are provided medical prosthetic devices or other impairment aids, such as eyeglasses, hearing aids, or wheelchairs, except when such provisions would impact the security or safety of the facility. | Meets Standard | Detainees are provided medical prosthetic devices or other impairment aids, except when such provisions would impact the security or safety of the facility, as consistent with the IHSC detainee covered services package. |
| 55. PRIORITY: When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate qualified licensed health care provider, in consultation with the patient, with periodic review. | Meets Standard | The physician develops and documents in the medical record a treatment plan that includes access to health care and other personnel regarding care and supervision when a detainee requires close medical supervision. The plan is developed in consultation with the detainee and periodically reviewed. |



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2018-ICLI-00023 6587

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 56. Transgender detainees who were already receiving hormone therapy when taken into ICE custody shall have continued access. All transgender detainees shall have access to mental health care, and other transgender-related health care and medication based on medical need. Treatment shall follow accepted guidelines regarding medically necessary transition-related care. | Meets Standard | Per policy, transgender detainees who are already receiving hormone therapy when taken into ICE custody will have continued access. Transgender detainees have unrestricted access to medical and mental health care and medication as needed. Treatment follows accepted guidelines regarding medically necessary transition-related care. At the time of the inspection, there was one transgender detainee housed in the facility. Prior to detention, the detainee had not started hormone therapy or any transition-related surgery. |
| 57. The facility HSA must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status.<br>Upon transfer to another facility, the medical provider shall ensure that the detainee's full medical record and at least 7 day (or, in the case of TB medications, 15 day; and HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee. Upon release from ICE custody, the detainee shall receive up to a 30 day supply of medication as ordered by the prescribing authority and a copy of his complete medical record. | Meets Standard | A transfer summary or discharge plan is prepared for a detainee with a change in detention status. Medications are provided as required in this component. Upon release from ICE custody, a detainee receives up to a thirty-day supply of medication. Per the standard, a full medical record is no longer required for a detainee transfer to another facility. |
| 58. PRIORITY: Documented informed consent, consistent with standards of the jurisdiction, is obtained from a detainee before medical treatment is administered. If a detainee refuses consent to treatment, medical staff explain the medical risks if treatment is declined and document their efforts in the detainee's medical record. | Meets Standard | General informed consent to treatment is obtained in writing at the time of detainee in-processing. Additional procedure specific and psychotropic medication consents are obtained as needed. Per policy, if a detainee refuses consent to treatment, medical/mental health personnel explain the risks if treatment is declined and document the conversation in the detainee specific medical record. Review of 25 medical records verified written informed consent in each detainee medical record reviewed. |

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 59. If a detainee refuses treatment and the clinical medical authority or designee determines that the treatment is necessary, ICE/ERO shall be consulted in determining whether involuntary treatment shall be pursued.<br>Involuntary treatment is a decision made only by medical staff under strict legal restrictions. Prior to any contemplated action involving non-emergent involuntary medical treatment, DHS / ICE respective Chief Counsel will be consulted. | Meets Standard | ICE is immediately notified of any detainee who refuses medical treatment where it is clinically indicated and necessary. Any involuntary treatment complies with the administrative and legal requirements of this component. |
| 60. PRIORITY: The HSA shall maintain a complete health record on each detainee that is:<br>• Organized uniformly in accordance with appropriate accrediting body standards;<br>• Available to all practitioners and used by them for health care documentation;<br>• Properly maintained and safeguarded in a securely locked area within the medical unit separately from other detention records. | Meets Standard | A complete electronic medical record is maintained for each detainee and meets all the requirements listed in this component. The electronic records are username and password restricted to medical personnel. |
| 61. All medical providers, as well as detention officers and staff, shall protect the privacy of detainees' medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary. | Meets Standard | All employees are trained in medical information confidentiality and sign confidentiality statements. Access to health records is restricted to authorized medical personnel. |
| 62. The HSA shall provide the facility administrator and designated staff information that is necessary:<br>• To preserve the health and safety of the detainee, other detainees, staff, or any other person.<br>• For administrative and detention decisions such as housing, voluntary work assignments, security, and transport.<br>• For management purposes such as audits and inspections. | Meets Standard | On a need-to-know basis, medical personnel provide the OIC and other personnel with information needed for the reasons listed in this component. |



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2018-ICLI-00023 6589

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
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| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 63. Copies of health records shall be released by the HSA directly to a detainee or their designee, at no cost to the detainee, within a reasonable timeframe after receipt by the HSA of a written authorization from the detainee. | Meets Standard | Copies of health records are provided by the HSA directly to a detainee/designee, at no cost and within a reasonable timeframe, following receipt by the HSA of a written authorization from the detainee. The written authorization for the release of health information is retained in the detainee specific health record. |
| 64. Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/ERO, or the facility administrator, shall provide limited-English proficient detainees and detainees who are deaf or hard of hearing with interpretation or translation services or other assistance as needed to make the written request and assist in transmitting the request to the facility HSA. | Meets Standard | Detainee requesting copies of their medical records are provided the appropriate request form and any assistance needed in transmitting the request. |
| 65. PRIORITY: The HSA shall be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer, release, or removal. | Meets Standard | Per the HSA, 24 to 48 hours advanced notice is generally provided prior to the release, transfer or removal of a detainee. |
| 66. PRIORITY: Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred. Those detainees who are currently placed in a medical hold status are evaluated and cleared by a licensed independent practitioner prior to transfer or removal. In addition, the CMA or designee informs the facility administrator in writing if the detainee's medical or psychiatric condition requires a medical escort during transfer or removal. | Meets Standard | Prior to the release of any detainee, medical personnel prepare a transfer summary which would include any medical or mental health alerts. Medical personnel provide the clearance and denote any special medical escort issues. ICE is notified of any detainee who has a medical or mental health alert, and these cases are evaluated by a physician prior to transfer or removal. The OIC is notified if the detainee's condition requires a medical escort. At the time of the inspection, two detainees were on a medical hold, and one detainee was on a mental health hold. Facility administration and ICE had been notified of the holds. |



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2018-ICLI-00023 6590

| STANDARD 4.3. MEDICAL CARE (Key: V) | | |
|---|---|---|
| This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 67. When a detainee is transferred within the ICE Health Service Corps (IHSC) system, ICE ensures that:<br>• Form USM-553, or equivalent Medical Transfer Summary, and a copy of the detainee's full medical record accompanies the detainee; and<br>• The full medical record is placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."<br>When a detainee is transferred to an IGSA detention facility, the sending facility ensures that the Transfer Summary accompanies the detainee. A copy of the full medical record accompanies each detainee during transfer unless extenuating circumstances make this impossible, in which case the full medical record follows as soon as practicable. | Meets Standard | This facility is part of the IHSC system. When a detainee is transferred, a transfer summary, USM-553, is completed and placed in a sealed envelope labeled with the detainee's name and A-number and marked medical confidential. When a detainee is transferred to an IGSA facility, a completed transfer summary is provided. Per the standard, a full copy of the medical record is no longer required for detainee transfer. |
| 68. Detainees released or removed from detention receive a discharge treatment plan to ensure continuity of care, full copy of their medical record, medication and referrals to community-based providers as medically appropriate. | Meets Standard | Discharged detainees receive a discharge plan, medications, referrals to community providers and a full copy of the detainee medical record if requested. |
| 69. Detainees will not participate in medical, pharmaceutical or cosmetic research while under the care of ICE detention facilities. This does not preclude the use of approved clinical trials that may be warranted for a specific detainee's diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent. | Meets Standard | Detainees are prohibited from participating in medical, pharmaceutical or cosmetic research. Participation in approved clinical trials is not prohibited if approved by the medical director and consented to by the detainee. At the time of the inspection no detainee was participating in a clinical trial. |
| 70. PRIORITY: The HSA shall implement a system of internal review and quality assurance that includes data analysis, a multidisciplinary committee with regular monitoring of health service outcomes, and assessment of ongoing education and training needs. | Meets Standard | The HSA has implemented a system of internal review and quality assurance that includes all of the items listed in this component. Quarterly meeting minutes were reviewed. |
| 71. The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least annually. | Meets Standard | The HSA has implemented an annual external peer review program. Independently licensed medical professionals are reviewed annually. Annual peer review documentation was reviewed. |



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2018-ICLI-00023 6591

**STANDARD 4.3. MEDICAL CARE – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

When TB treatment is indicated, multi-drug, anti-TB therapy is administered using directly observed therapy (DOT). Active TB disease is ruled out before treatment for latent TB infection is initiated. International referrals are coordinated with the IHSC Epidemiology Unit and local/state health departments. There is a written plan to address the management of hepatitis A, B, and C, and HIV. Detainees may request hepatitis and HIV testing at any time. Medical personnel provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines. Medical personnel ensure that all FDA medications currently approved for the treatment of HIV/AIDS are accessible.

Mental health evaluations and screenings include: reason for referral, mental health history, drug/alcohol use history, suicide attempts, current suicidal/homicidal ideation, medications, intellectual functioning, history of abuse, pertinent physical condition, and treatment recommendations.

Medical staff and detainee interactions were observed and found to be professional, pleasant, fair and consistent. Detainees were able to describe access to care and stated that their medical concerns were addressed in a timely manner. The medical department is large, clean, well-lighted and well equipped. Detainees have access to appropriate and necessary medical, dental and mental health care, including emergency services, and are provided health education. There are no medical co-pay fees.

All detainees are screened upon admission or as otherwise required by the standards. Decisions regarding detainees with disabilities, LEP detainees, and/or detainees included under any SAAPI/DHS PREA protection or category, will be made only after consideration of the disability, language difficulty or SAAPI/PREA condition. The facility is managed in such a manner as to protect detainees from sexual assault or abuse.

Screening of LEP detainees is conducted with bilingual staff or use of a translation service. Transgender detainees are questioned regarding their gender self-identification and transition-related care. Hearing impaired detainees are provided assistance as needed for medical care activities. Detainees whose intake, classification, or other assessment indicates sexual victimization or abuse are immediately referred to a qualified medical or mental health care professional. A follow-up evaluation for medical reasons occurs within two working days. Mental health follow-up occurs no later than 72 hours from the referral. Prior to placing a mentally ill detainee in medical housing, a determination is made by a medical or mental health professional that placement is necessary. Accessible bathing and toilet facilities are available in the medical housing area. Toilet facilities are sufficient for detainees to use without staff assistance. Detainees are provided medical prosthetic devices and impairment aids as needed. The facility notifies ICE when detainees have been diagnosed, or are received, with serious physical illnesses or with serious mental disorders, as specified in ICE Policy Number 11067.

Pharmaceutical management policy includes a formulary, obtaining non-formulary medications, prescription practices, perpetual inventories, medication administration error reports, training and storage in a secure area, i.e., secure perimeter, limited access, solid walls from floor to ceiling and solid ceiling, solid door with high security lock and secure medication storage area. Counts of controlled substances, needles and tools verified the accuracy of perpetual inventory documentation.

Detainees who arrive with prescribed medications or who report being on such medications, are evaluated by a qualified health care professional as soon as possible but not later than 24 hours after arrival and provisions are made to secure medically necessary medications. Detainees are not charged for any medical services to include pharmaceuticals dispensed by medical personnel. All medications and treatments are provided on schedule as ordered by the provider. Detainee health education and wellness information is provided per the standard and observed during the medical record review and medical department observations.

Detainees have access to on-site medical, mental health and dental services and specialty services in the community. Interviews with 69 detainees reflected positive feedback with respect to medical services and the facility in general. Inspection of the medical unit and the facility overall reflected average sanitation.

| STANDARD 4.3. MEDICAL CARE – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| Twenty-five ICE detainee medical records were reviewed.<br><br>Evaluation of the standard was determined following a review of policy, medical and training files, medical personnel credentialing files, personnel and detainee interviews and observations. | |
| **Overall Rating:** Meets Stand[redacted] | |
| **Reviewer Name (Printed):** L[redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 4.4. MEDICAL CARE (WOMEN) (Key: W) | | |
|---|---|---|
| This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: In addition to the medical, mental health, and dental services provided to every detainee as required by standard "4.3 Medical Care," the facility directly or contractually provides its female detainees with access to:<br>• Pregnancy services, including pregnancy testing, routine or specialized prenatal care, postpartum follow up, lactation services, and abortion services, as outlined herein;<br>• Counseling and assistance for pregnant women in keeping with their express desires in planning for their pregnancy, whether they desire abortion, adoptive services, or to keep the child;<br>• Mental health assessments for all detainees who have recently given birth, miscarried, or terminated a pregnancy; and<br>• Routine, age-appropriate, gynecological health care services, including women's specific preventive care. | N/A | The facility does not house female detainees. |
| 2. Within 12 hours of arrival, during their initial medical screening, all female detainees shall receive information on services related to women's health care as provided for in this standard and standard "4.3 Medical Care." | N/A | The facility does not house female detainees. |
| 3. If the initial medical intake screening indicates the possibility of pregnancy, recent sexual assault, violence or history of mental health illness, an initial health appraisal shall be completed as soon as possible, but no more than 24 hours after arrival. | N/A | The facility does not house female detainees. |



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2018-ICLI-00023 6594

| STANDARD 4.4. MEDICAL CARE (WOMEN) (Key: W) | | |
|---|---|---|
| This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 4. All initial health assessments of female detainees include a thorough evaluation and assessment of the reproductive system. In addition to the criteria listed on the health assessment form, the evaluation inquires about the following:<br>• Pregnancy testing and documented results;<br>• If the detainee is currently nursing (breastfeeding);<br>• Use of contraception;<br>• Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.);<br>• Menstrual cycle;<br>• History of breast and gynecological problems;<br>• Family history of breast and gynecological problems; and<br>• Any history of physical or sexual victimization and when the incident occurred.<br>A pelvic and breast examination, pap test, baseline mammography, and sexually transmitted disease (STD) screening are offered and provided as deemed appropriate or necessary by the medical provider. | N/A | The facility does not house female detainees. |
| 5. Female victims of sexual abuse are granted immediate access to emergency medical treatment and crisis intervention services. The facility provides access by giving detainees the current mailing addresses and telephone numbers, including toll-free hotline numbers, of local, state and/or national organizations that provide these services. | N/A | The facility does not house female detainees. |
| 6. Upon request, appropriately trained medical personnel within their scope of practice provide detainees with non-directive (impartial) advice and consultation about family planning and birth control, and where medically appropriate, prescribe and dispense birth control. | N/A | The facility does not house female detainees. |



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2018-ICLI-00023 6595

| STANDARD 4.4. MEDICAL CARE (WOMEN) (Key: W) | | |
|---|---|---|
| This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. PRIORITY: A pregnant woman or woman in post-delivery recuperation is not restrained absent truly extraordinary circumstances that render restraints absolutely necessary as documented by a supervisor or directed by the on-site medical authority. Restraints are never permitted on women who are in active labor or delivery. Restraints are not considered an option unless one or more of the following applies:<br>• A medical officer has directed the use of restraints for medical reasons;<br>• Credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others; or<br>• Reasonable grounds exist to believe the detainee presents and immediate and credible risk of escape that cannot be reasonably minimized through any other method. | N/A | The facility does not house female detainees. |
| 8. In the rare event that restraints are used, medical staff determine the safest method and duration for the use of restraints, and the least restrictive restraints necessary shall be used. No detainee known to be pregnant shall be restrained in a face-down position with four-point restraints, on her back, or in a restraint belt that constricts the area of the pregnancy. All attempts are made to ensure that the detainee is placed on her left side if she is immobilized. | N/A | The facility does not house female detainees. |

| STANDARD 4.4. MEDICAL CARE (WOMEN) – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>This facility does not house female detainees. | |
| **Overall Rating:** N/A | |
| **Reviewer Name (Printed** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |


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| STANDARD 4.5. PERSONAL HYGIENE (Key: X) | | |
|---|---|---|
| This detention standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Each detention facility shall have a written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. | Meets Standard | Written policy addresses the procedures for the regular issuance and exchange of clothing, bedding, linens, towels and personal hygiene items. |
| 2. Clothing or shoes that are lost, unserviceable, indelibly stained, or bear offensive or otherwise unauthorized markings should be discarded and replaced as soon as practicable. | Meets Standard | |
| 3. All new detainees shall be issued clean, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during in-processing at no cost to the detainee. The standard issue of clothing is at least two uniform shirts and two pairs of uniform pants or two jumpsuits; two pairs of socks; two pairs of underwear; two brassieres, as appropriate; and one pair of facility-issued footwear. | Meets Standard | Newly arriving detainees are issued clean, size and temperature appropriate clothing which includes three uniforms, five pairs of underwear, five pairs of socks, one pair of shower shoes, one pair of deck shoes and one jacket as needed. Clothing is issued at no cost to detainees. |
| 4. Each detainee assigned to a special work area shall be clothed in accordance with the requirements of the job and, when appropriate, provided protective clothing and equipment. | Meets Standard | |
| 5. Staff shall provide male and female detainees personal hygiene items appropriate for their gender, including at a minimum, one bar of bath soap (or equivalent), comb, tube of toothpaste, toothbrush, bottle of shampoo (or equivalent), container of skin lotion, and feminine hygiene items, and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment. | Meets Standard | Policy addresses the distribution and replacement as needed of personal hygiene items in the quantities required in this component. Hygiene items are not used as reward or punishment. Female detainees are not housed at this facility. |
| 6. Razors must be strictly controlled. Disposable razors will be provided to detainees on a daily basis. Razors will be issued and collected daily by staff. | Meets Standard | Razors are strictly controlled. Disposable razors are issued and collected by staff daily. |
| 7. Female detainees shall be issued and may retain feminine hygiene items as needed. | N/A | The facility does not house female detainees. |
| 8. Detainees shall be provided an adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas. | Meets Standard | |
| 9. An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day. | Meets Standard | |

| STANDARD 4.5. PERSONAL HYGIENE (Key: X) | | |
|---|---|---|
| This detention standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 10. Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices. | Meets Standard | To ensure safety and promote hygienic practices, operable showers are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit. Hot water was controlled between 110 to 116 degrees Fahrenheit. |
| 11. Detainees with disabilities shall be provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity. | Meets Standard | All dormitories and housing units are adequate for housing detainees with disabilities. Each dorm has a shower, sink and toilet with assist bars in an area that provides detainees with reasonable privacy. Detainees are provided lower bunks and other accommodations as needed. |
| 12. PRIORITY: Detainees shall be provided with clean clothing, linen and towels on the following basis:<br>• A daily change of socks and undergarments. An additional exchange of undergarments shall be made available to detainees if necessary for health or sanitation reasons.<br>• At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes).<br>• At least weekly exchange of sheets, towels, and pillowcases.<br>• An additional exchange of bedding, linens, towels, or outer garments shall be made available to detainees if necessary for health or sanitation reasons, and more frequent exchanges of outer garments may be appropriate, especially in hot and humid climates. | Meets Standard | Policy includes each of the requirements listed in this component and addresses that detainees will be provided with clean clothing, linens and towels. |

| STANDARD 4.5. PERSONAL HYGIENE – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)* |
| In order to provide access to programs and services, the facility provides communication assistance to LEP detainees with disabilities. This may be achieved via bilingual staff, translation services or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the standard.<br><br>The facility maintains an excess clothing inventory of at least two hundred percent of the maximum funded detainee capacity. Personal items of clothing are not permitted, except in storage. |


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| STANDARD 4.5. PERSONAL HYGIENE – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| Detainees are provided with a reasonably private environment in accordance with safety and security needs. Bathing facilities are provided for detainees requiring assistance.<br><br>Bedding, linens and towels are issued as follows: one mattress, one blanket and one pillow, two sheets and one pillowcase, two wash cloths and two towels. Clothing exchanges are on a one-for-one basis.<br><br>Detainees are able to maintain acceptable personal hygiene through the provision of adequate and temperature appropriate bathing facilities and the exchange of clean clothing, linens and towels.<br><br>Staff of the opposite gender of those ICE detainees housed in a housing area announce their presence in areas where detainees of the opposite gender are likely to be showering, performing bodily functions, or changing clothes. Transgender and intersex detainees are not provided separate shower facilities. Detainees with disabilities are provided accommodations and assistance, as needed to perform hygienic activities and self-care with dignity and privacy. Assistance is provided by trained and qualified individuals.<br><br>Personal hygiene items from other sources are permitted with the approval of medical personnel and the chief of security. Detainees are provided with a reasonably private environment in accordance with safety and security needs. Detainees who cannot perform basic activities of daily living are not housed at this facility.<br><br>There are no washers or dryers in the detainee dormitory and housing units. The policy, practice and facility design enable the detainee population to maintain acceptable hygiene practices.<br><br>An inspection of the dormitories and housing units, medical department and the facility, in general, revealed it is adequately maintained and provides a reasonably clean and safe environment. No concerns were noted with the conditions of confinement as determined by detainee and personnel interviews and observations of the detainee population and environmental factors. During detainee interviews, no issues or concerns were voiced with respect to personal hygiene.<br><br>Evaluation of the standard was determined following a review of policy, documentation, observations and personnel/detainee interviews. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |



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| STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (Key: Y) | | |
|---|---|---|
| This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: The facility has a written suicide prevention and intervention program that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and Facility Administrator and reviewed annually.<br>At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include:<br>• Staff training,<br>• Identification,<br>• Referral,<br>• Evaluation,<br>• Treatment,<br>• Housing,<br>• Monitoring,<br>• Communication,<br>• Intervention,<br>• Notification and reporting,<br>• Review, and<br>• Debriefing. | Meets Standard | The facility has a written suicide prevention and intervention program that has been reviewed and approved by the medical director, and approved and signed by the OIC and health services administrator (HSA) on 04/04/2017. All of the required items listed in this component are addressed in the program. |
| 2. PRIORITY: All facility staff who interact with and/or are responsible for detainees are trained, during orientation and at least annually on the facility's Suicide Prevention and Intervention Program, to include:<br>• Why the environments of detention facilities are conducive to suicidal behavior,<br>• Standard first aid training, cardiopulmonary resuscitation (CPR) training and training in the use of emergency equipment,<br>• Liability issues associated with detainee suicide,<br>• Recognizing verbal and behavioral cues that indicate potential suicide,<br>• Demographic, cultural, and precipitating factors of suicidal behavior,<br>• Responding to suicidal and depressed detainees,<br>• Communication between correctional and health care personnel,<br>• Necessary referral procedures,<br>• Housing observation and suicide-watch procedures,<br>• Follow-up monitoring of detainees who have attempted suicide, and<br>• Reporting and written documentation procedures. | Meets Standard | All facility personnel who interact with or are responsible for detainees are trained initially and annually on the facility's suicide prevention and intervention program. The training includes each of the requirements listed in this component. Training documentation was reviewed. |


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| STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (Key: Y) | | |
|---|---|---|
| This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 3. PRIORITY: Detainees who are identified as being "at risk" for significant self-harm or suicide shall immediately be referred to a mental health provider, who shall evaluate the detainee within 24 hours of the referral. | Meets Standard | Per policy, a detainee who is identified as being "at risk" for significant self-harm or suicide is immediately referred to a mental health provider who will evaluate the detainee within 24 hours of the referral. Medical record review verified practice. |
| 4. Evaluation by a mental health provider of detainees who are identified as being "at risk" for significant self-harm or suicide will be documented in the medical record and include:<br>• Relevant history,<br>• Environmental factors,<br>• Lethality of suicide plan,<br>• Psychological factors,<br>• A determination of level of suicide risk,<br>• Level of supervision needed,<br>• Referral/transfer for inpatient care (if needed),<br>• Instructions to medical staff for care, and<br>• Reassessment time frames. | Meets Standard | The mental health evaluation of a detainee identified as being "at risk" for significant self-harm or suicide is documented in the detainee-specific medical record and includes, at a minimum, each of the requirements listed in this component. Medical record review verified practice. |
| 5. Detainees who are placed on suicide watch are to be re-evaluated by appropriately trained and qualified medical staff on a daily basis and this re-evaluation is documented in the detainee's medical record. Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed. | Meets Standard | Per the mental health director, a detainee who is placed on suicide watch will be re-evaluated by trained and qualified medical personnel daily with the re-evaluation documented in the detainee's medical record. Per policy, only a mental health professional or the physician may terminate a suicide watch following the completion of a current suicide risk assessment. |



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2018-ICLI-00023 6601

| STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (Key: Y) | | |
|---|---|---|
| This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 6. PRIORITY: Suicidal detainees should be closely supervised in a setting that minimizes opportunities for self-harm. The isolation room designed for evaluation and treatment must be free of objects or structural elements that could facilitate a suicide attempt, and security staff shall ensure that the area for suicide observation is initially inspected so that there are no objects that pose a threat to the detainee's safety. A suicidal detainee may be placed in the Special Management Unit only if space has been approved for this purpose by medical staff and such space allows for unobstructed observation. | Meets Standard | Per policy and practice, any detainee determined to be in need of suicide watch or observation status is placed in an observation room in the medical department. Inspection of the room indicated it was free of any objects or structural elements that could be used in a suicide attempt. Prior to placement of a detainee in the room, security personnel inspect the room to ensure the environment remains free of any such objects. |
| 7. A detainee placed in a special isolation room designed for evaluation and treatment must receive continuous one-to-one monitoring, documented every 15 minutes or more frequently if necessary.<br>Detainees not placed in an isolated confinement setting must receive documented close observation at staggered intervals not to exceed 15 minutes. | Meets Standard | Detainees placed on suicide watch receive continuous one-to-one direct monitoring by an officer specifically assigned to that post. Security officers are posted directly outside the suicide watch cell providing direct observation of the detainee. Observations are documented at staggered intervals not to exceed every fifteen minutes. |
| 8. All detainees on suicide precautions are checked at least every 8 hours by clinical staff, and provided daily mental health treatment by a qualified clinician. | Meets Standard | Per policy, all detainees on suicide precautions are checked at least every eight hours by medical personnel and provided daily mental health treatment by a qualified clinician. Medical record review verified practice. |
| 9. Detainees are provided suicide smocks to wear when medically indicated, and under circumstances are held without clothing. | Meets Standard | A detainee placed on suicide precautions is provided a safety smock and blanket, and under no circumstances, would the detainee be held without clothing. |



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| STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (Key: Y) | | |
|---|---|---|
| This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 10. Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel. | Meets Standard | Per policy, following a suicide attempt, security personnel initiate and continue appropriate life-saving measures until relieved by medical personnel. All security personnel are trained in first aid and certified in CPR and AED operation. |
| 11. In the event of a suicide attempt or a completed suicide, all appropriate ICE and IHSC officials shall be notified through the chain of command. The victim's family and appropriate outside authorities, as appropriate, shall also be immediately notified.<br>Medical staff shall complete an Incident Report Form within 24 hours. | Meets Standard | Per policy, in the event of a suicide attempt or completed suicide, ICE and IHSC officials will be immediately notified, as well as the victim's family and any appropriate outside authorities. Medical personnel are required to complete an incident report within 24 hours. Since the previous inspection, there have been no suicides or serious attempts. |
| 12. Every completed suicide shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees within 24 to 72 hours after the critical incident. | Meets Standard | Per policy, every completed suicide will be subject to a mortality review process. A critical incident debriefing will be provided to all affected personnel and detainees within 24 to 72 hours following the incident. |

**STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

In order to provide access to programs and services, the facility provides communication assistance to LEP detainees with disabilities. This may be achieved via bilingual staff, translation services or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the standard.

Personnel are trained that the practice of "contracting for safety" is not used at the facility. When medical personnel determine that a detainee is at imminent risk of bodily injury, they may recommend hospitalization for the purposes of evaluation or treatment. After referral for evaluation and pending transfer, security personnel place the detainee in a secure environment in the medical department on a constant one-to-one visual observation.

Based on an evaluation, a mental health provider or trained medical personnel develop a documented treatment plan that is placed in the medical record. The treatment plan includes strategies and interventions to be followed by staff and the detainee if suicidal ideation reoccurs; strategies for improved functioning; and regular follow-up appointments based on level of acuity. When a staff member identifies someone who is at risk of significant self-harm or suicide, the detainee is placed on suicide precautions and is immediately referred to a qualified mental health professional.



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2018-ICLI-00023 6603

**STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

Deprivations and restrictions placed on suicidal detainees are kept to a minimum. Any detainee who is believed to be in need of seclusion, and/or restraint due to self-harming or suicidal behavior is transferred to a psychiatric hospital, if deemed medically necessary to appropriately treat the needs of the detainee. After discharge from suicide watch, detainees are re-assessed by qualified medical staff members at intervals consistent with the level of acuity.

A multi-disciplinary suicide prevention committee has not been formed and does not meet quarterly to evaluate the suicide prevention and intervention program and provide input accordingly. Detainees on suicide precautions could be placed in the SMU if the one suicide observation cell in the medical department is occupied. A qualified mental health professional determines the clothing to be issued while on suicide precaution, and suicide smocks are issued only as clinically indicated. The clinical medical authority determines what undergarments are worn while under suicide precaution, and detainees are never held without clothing. Procedures preclude staff of the opposite gender of the supervised detainee viewing the detainee in an exposed state, unless circumstances dictate that they must to maintain the detainee's safety. Staff are required to complete eight hours of initial training on suicide prevention and two hours of annual training thereafter.

When medical personnel determine that a detainee is at imminent risk of bodily injury, they may recommend hospitalization for the purposes of evaluation or treatment. A court order is obtained if needed.

When a staff member identifies someone who is at risk of significant self-harm or suicide, the detainee is placed on suicide precautions and is immediately referred to a qualified MHP. Deprivations and restrictions placed on suicidal detainees are kept to a minimum. Any detainee who is believed to be in need of seclusion, and/or restraint due to self-harming or suicidal behavior will be transferred to a psychiatric facility, if deemed medically necessary to appropriately treat the needs of the detainee. Facility policy and training support effective management of detainees at risk for suicide, including appropriate identification, evaluation and documentation on their management, care and treatment. Following discharge from suicide watch, detainees are re-assessed by qualified MHPs at intervals consistent with the detainee's level of acuity.

When transferred into ICE custody, ICE inquires into any known prior suicidal behaviors, and if identified, ICE ensures detainee safety pending medical provider evaluation.

The CMA will be notified when a detainee is referred to the local hospital emergency room. In the event of a suicide attempt or completed suicide, all personnel who came into contact with the detainee prior to the incident will complete statements including their knowledge of the detainee and the incident.

Policy and training support effective management of detainees at risk for suicide including appropriate identification, evaluation and documentation on their management, care and treatment. Only the physician/mental health personnel can place a detainee on suicide watch status and remove a detainee from watch status. When on watch status, the detainee is under constant, one to one direct supervision.

Since the last inspection, there have been no suicides/serious attempts.

Evaluation of the standard was determined following a review of policy, training and medical records, observations and personnel interviews

**Overall Rating:** Meets Standard

**Reviewer Name (Print)** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017

**Reviewer Signature (for printed form submission):**

## STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness and advance directives, and provides specific guidance in the event of a detainee's death.

Standard N/A

**Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. When a detainee's medical condition becomes life-threatening, he/she is transferred to an appropriate off-site medical or community facility, if necessary. The facility's clinical medical authority or health services administrator immediately notifies the facility administrator and/or ICE/ERO Field Office Director (FOD) of the detainee's condition both verbally and in writing, describing the detainee's illness and prognosis. The facility administrator or designee immediately notifies ICE/ERO and IHSC. | Meets Standard | If a detainee's medical condition becomes life threatening, he is transferred to a more appropriate medical or detention facility. The physician or HSA is responsible to immediately notify, both verbally and in writing, the OIC and ICE of the detainee's condition, describing the detainee's illness and prognosis. The OIC/designee is responsible to immediately notify ICE and IHSC. |
| 2. The FOD or designee shall immediately notify (or make reasonable efforts to notify) the detainee's next-of-kin of the medical condition and status, the detainee's location, and the visiting hours and rules at that location, in a language or manner which they can understand. | Meets Standard | When a detainee becomes seriously or terminally ill, medical personnel notify the OIC and ICE who notifies the next of kin regarding the detainee's location and visiting restrictions. Per ICE, the notifications would be made in a language or manner which the family could understand. |
| 3. Once a detainee is diagnosed as having a terminal illness or remaining life expectancy of less than one year, medical staff offer the detainee access to forms or other related materials on Advance Directives or Living Wills. When the detainee is at an off-site facility, that facility is expected to assist the detainee in completing an Advance Directive and/or Living Will.<br>All facilities shall use the State Advance Directive form (in which the facility is located) for implementing Living Wills and Advance Directives. | Meets Standard | Per policy, once a detainee is diagnosed as having a terminal illness or remaining life expectancy of less than one year, the detainee is offered access to forms or other related materials on advance directives or living wills. Per the AHSA, when the detainee is at an off-site facility, the facility is expected to assist the detainee in completing advance directive/living will documents. Detainees are offered access to the Georgia state advance directive and living will forms. Currently, there are no detainees in the facility with an active advance directive/living will. |



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2018-ICLI-00023 6605

## STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness and advance directives, and provides specific guidance in the event of a detainee's death.

Standard N/A

**Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 4. When the terms of the advanced directive must be implemented the medical professional overseeing the detainee's care will contact the appropriate ICE/ERO representative. | Meets Standard | When an advance directive must be implemented, policy requires the medical professional overseeing the detainee's care to notify onsite ICE personnel. |
| 5. Each facility holding detainees shall establish written policy and procedures governing DNR orders in accordance with the laws of the state in which the facility is located. | Meets Standard | Policy addresses DNR orders and requires compliance with state laws. Currently, there are no detainees in the facility with an active DNR order. |
| 6. Health care will continue to be provided consistent with the DNR order. | Meets Standard | Medical care is provided as clinically indicated and consistent with the DNR order. |
| 7. The detainee's medical file shall include documentation validating the DNR order. | Meets Standard | Policy requires the detainee's medical record will include documentation validating the DNR order. |
| 8. The facility shall follow written procedures for notifying attending medical staff of the DNR order. | Meets Standard | Policy addresses notification to attending medical personnel of any DNR order. |
| 9. The facility has procedures to address the issues of organ donation by detainees. | Meets Standard | Policy addresses the issues of organ donation by detainees. Currently, there are no detainees that have requested to be an organ donor. |
| 10. Each facility shall have written policy and procedures that are followed to notify ICE/ERO officials, next-of-kin, and consulate officials of a detainee's death while in custody. | Meets Standard | Policy addresses notification to onsite ICE personnel of a detainee's death. ICE is responsible to make all other notifications. |
| 11. Within seven calendar days of the date of notification (in writing or in person), the family shall have the opportunity to claim the remains. | Meets Standard | Per policy, a detainee's family will have seven calendar days from the date of notification to claim the detainee's remains. ICE gives the property of deceased detainees to the next-of-kin within two weeks, unless it is being held as part of an investigation. |



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2018-ICLI-00023 6606

## STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness and advance directives, and provides specific guidance in the event of a detainee's death.

Standard N/A

**Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 12. If family members cannot be located or decline orally or in writing to claim the remains, ICE/ERO shall notify the consulate. | Meets Standard | Per ICE, the consulate would be notified if family members cannot be located or decline orally or in writing to claim the remains. |
| 13. The facility administrator shall specify policy and procedures regarding responsibility for proper distribution of the death certificate. | Meets Standard | Policy addresses the proper distribution of death certificates. |
| 14. The facility's written procedures for autopsies shall address, at a minimum:<br>• Contacting the local coroner or medical examiner, in accordance with established guidelines and applicable laws;<br>• Scheduling the autopsy;<br>• Identifying the person who will perform the autopsy;<br>• Obtaining the official death certificate, and<br>• Transporting the body to the coroner or medical examiner's office. | Meets Standard | Policy addressing autopsies includes all the requirements listed in this component. |
| 15. Medical staff shall arrange for the approved autopsy to be performed by the local coroner or medical examiner in accordance with established guidelines and applicable laws. | Meets Standard | Medical personnel request an autopsy in accordance with applicable guidelines and state laws. |

### STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

In order to provide access to programs and services, the facility provides communication assistance to LEP detainees with disabilities. This may be achieved via bilingual staff, translation services or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the standard.

When a detainee is hospitalized, IHSC managed care and the HSA follow up on a daily basis to receive information about major developments. In conjunction with medical providers, ICE provides family members and any others as much opportunity for visitation as possible, in keeping with the safety, security and good order of the facility.

DNR policy complies with the following stipulations: A DNR order is written by the physician; it protects basic patient rights and complies with state requirements; a decision to withhold resuscitative services is considered only under specified conditions (the detainee has a terminal illness, the detainee has requested and signed the order, the decision is consistent with sound medical practice and is not in any way associated with any measures to hasten death); the medical file includes explicit directions regarding DNR and forms and memoranda regarding diagnosis and prognosis, express wishes of the detainee, immediate family's wishes, consensual decisions and recommendations of medical professionals identified by

| STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| name and title, mental competency evaluation and informed consent; a detainee with a DNR order receives all therapeutic efforts short of resuscitation; and the physician or HSA notifies the IHSC medical director and the ICE Office of Chief Counsel of the basic circumstances of any detainee with a DNR order.<br><br>Procedures for organ donation include: the organ recipient is an immediate family member; no blood or blood products are donated; all costs are at the expense of the detainee; the detainee signs a statement documenting his decision to donate the organ to a specific family member, his understanding of the risks, that the decision is undertaken without coercion or duress, and that the government is not responsible for any resulting medical complications or financial obligations; medical staff assist in the preliminary medical evaluation and the facility coordinates arrangements for the donation.<br><br>ICE may assist the family with transporting the remains to a location in the U.S. If neither family nor consulate claims the remains, ICE schedules an indigent's burial, after contacting the Department of Veterans Affairs to determine burial benefits. The chaplains may advise the OIC about religious considerations in remains disposition. ICE does not authorize cremation or donation of the remains for medical research. The original death certificate is sent to the person who claims the remains and a certified copy is placed in the A-file. While an autopsy decision is pending, no actions are taken that could affect the validity of the results. Per ICE, the FOD verifies and accommodates the detainee's religious preference prior to autopsy or embalming.<br><br>There were no deaths at the facility in the past year. Therefore, this inspector was unable to ascertain if the facility is in full compliance with the standard. Policy and procedure address terminal illness, advance directives, DNR orders, organ donation, death in custody, reporting requirements and disposition of the body.<br><br>Evaluation of the standard was determined following a review of policy and interviews with medical, administrative and ICE personnel. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6),(b)(7)(C) | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |



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# *Section V: ACTIVITIES*

**Correspondence and Other Mail**
**Escorted Trips for Non-Medical Emergencies**
**Marriage Requests**
**Recreation**
**Religious Practices**
**Telephone Access**
**Visitation**
**Voluntary Work Program**


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2018-ICLI-00023 6609

| STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL (Key: AA) | | |
|---|---|---|
| This detention standard ensures that detainees shall be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Each facility shall have written policy and procedures concerning detainee correspondence and other mail. | Meets Standard | Policy and the local handbook outline the rules and regulations governing detainee correspondence and other mail. |
| 2. PRIORITY: A detainee is considered "indigent" if he or she has less than $15.00 in his or her account. Indigent detainees will be permitted to mail a reasonable amount of mail each week at government expense, as determined by the ICE/ERO, including the following:<br>• An unlimited amount of special correspondence or legal mail, within reason.<br>• At least three pieces of general correspondence.<br>• Packages as deemed necessary by ICE.<br>Each facility shall have written procedures that explain how indigent detainees can request postage at government expense. | Meets Standard | A detainee who has less than $15.00 in his account is considered indigent. All component requirements are included in policy and practice and confirmed with documentation. |
| 3. The facility shall notify detainees of its rules on correspondence and other mail through the Detainee Handbook, or supplement, provided to each detainee upon admittance, and shall post those rules in each housing area. | Meets Standard | The rules on correspondence and other mail are outlined in the facility handbook. The handbook is provided to each detainee upon arrival. |
| 4. The facility shall provide key information to detainees in languages spoken by any significant portion of the facility's detainee population. | Meets Standard | Key information is provided to detainees in English and Spanish, the languages spoken by the majority of detainees. |
| 5. PRIORITY: Detainee correspondence and other mail shall be delivered to the detainee and to the postal service on regular schedules.<br>• Incoming correspondence shall be distributed to detainees within 24 hours (one business day) of receipt by the facility.<br>• Outgoing correspondence shall be delivered to the postal service no later than the day after it is received by facility staff or placed by the detainee in a designated mail depository, excluding weekends and holidays. | Meets Standard | Correspondence and other mail is delivered to the detainee within 24 hours of receipt excluding weekends and holidays. Outgoing correspondence is delivered to the postal service the next day after it is received by the mailroom, excluding weekends and holidays. |
| 6. All facilities shall implement procedures for the inspection of all incoming general correspondence and other mail (including packages and publications) for contraband in the presence of the detainee (unless otherwise authorized by the facility administrator). | Meets Standard | |



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2018-ICLI-00023 6610

| STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL (Key: AA) | | |
|---|---|---|
| This detention standard ensures that detainees shall be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. All facilities shall implement procedures for inspecting incoming special correspondence and legal mail for contraband in the presence of the detainee. Detainees shall sign a logbook upon receipt of special correspondence and/or legal mail to verify that the special correspondence or legal mail was opened in their presence. Incoming special correspondence and legal mail may not be read. | Meets Standard | All incoming special and legal correspondence is logged and opened and checked for contraband in the presence of the detainee. Detainees sign the logbook upon receipt of special and legal correspondence. Per policy, and confirmed by the mailroom supervisor, special and legal correspondence is not read. |
| 8. Outgoing special correspondence and legal mail shall not be opened, inspected, or read. | Meets Standard | All outgoing special correspondence and legal mail is sealed by the detainee and is not opened, inspected or read by staff prior to being delivered to the postal service. |
| 9. All facilities shall implement policies and procedures addressing acceptable and non-acceptable mail. | Meets Standard | |
| 10. When an officer finds an item that must be removed from a detainee's mail, he or she shall make a written record. | Meets Standard | |
| 11. Prohibited items discovered in the mail shall be handled as follows:<br>• A receipt shall be issued to the detainee for all cash, which shall be safeguarded and credited to the detainee's account in accordance with the Detention Standard on Funds and Personal Property.<br>• Identity documents, such as passports, birth certificates, etc., shall be placed in the detainee's A-file. Upon request, the detainee shall be provided with a copy of the document, certified by an ICE/ERO officer to be a true and correct copy. | Meets Standard | Policy and practice address component requirements. |
| 12. The facility shall provide a postage allowance at government expense to all detainees, if the facility does not have a system for detainees to purchase stamps. | N/A | Detainees may purchase postage from the mailroom. |
| 13. The facility shall provide writing paper, envelopes, and writing implements at no cost to ICE detainees. | Meets Standard | |
| 14. All facilities shall have written policy and procedures regarding mail privileges for detainees housed in a Special Management Unit. | Meets Standard | Policy states that detainees housed in a special management unit have the same mail privileges as detainees housed in general population. |

| STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |

| STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>To evaluate this standard, the mailroom supervisor and detainees were interviewed and logs, detainee handbooks and policy were reviewed. The facility ensures that detainees are permitted to send and receive correspondence in a timely manner while maintaining the security and orderly operations of the facility. Detainees may send and receive an unlimited amount of mail. Incoming priority mail, overnight mail, certified mail and deliveries from a private package service are recorded in a logbook. Detainees must sign the log. Packages and publications are subject to certain restrictions. Detainees are not permitted to send or receive packages, other than legal correspondence, without prior approval of ICE and the OIC.<br><br>Inspection of the mail is for the purpose of detecting contraband and to maintain security. Reading of the mail must be authorized by the OIC. Outgoing general correspondence is inspected if it is addressed to another detainee or there is reason to believe that it may present a threat to the facility or others.<br><br>Detainees may appeal rejection of correspondence through the detainee grievance system. Correspondence to or from the news media is considered special correspondence if properly identified as such. Detainees may not receive compensation or anything of value for correspondence with the media and may not act as a reporter or publish under a byline.<br><br>In order to provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with disabilities. This may be achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the Standard.<br><br>The facility provides assistance to any detainee without legal representation who requests certain services in connection with a legal matter (notary public, certified mail, etc.) if the detainee has no family member, friend, or community organization able to provide assistance. When timely communication through the mail is not possible, a reasonable amount of communication by means of a facsimile device between the detainee and designated legal representative is permitted. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printe** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 05/04/2017 |
| **Reviewer Signature (for printed form submission):** | |

## STANDARD 5.2. TRIPS FOR NON-MEDICAL EMERGENCIES (Key: AB)

This detention standard permits detainees to maintain ties with their families through emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.

Standard N/A

**Click the above button if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. On a case-by-case basis, and with approval of the respective Field Office Director, the facility administrator may allow a detainee, under ICE/ERO staff escort:<br>• To visit a critically ill member of his or her immediate family<br>• To attend an immediate-family member's funeral and/or wake<br>• To attend a family-related state court proceeding. | N/A | |
| 2. Facility staff assist detainees in preparing requests for non-medical emergency trip requests. The Field Office Director is the approving official for all non-medical escorted trips. | N/A | |
| 3. Escorts shall ensure that detainees with physical or mental disabilities are provided reasonable accommodations in accordance with security and safety concerns. | N/A | |

## STANDARD 5.2. TRIPS FOR NON-MEDICAL EMERGENCIES – Reviewer Summary

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

All detainee non-medical emergency escorted trips are handled by the ICE field office.

**Overall Rating:** N/A

**Reviewer Name (Printed):** (b)(6);(b)(7)(C) [redacted]

**Completion Date:** 5/4/2017

**Reviewer Signature (for printed form submission):**



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| STANDARD 5.3. MARRIAGE REQUESTS (Key: AC) | | |
|---|---|---|
| This detention standard ensures that each marriage request from an ICE/ERO detainee receives a case-by-case review, based on internal guidelines for approval of such requests. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. All facilities shall have in place written policy and procedures to enable eligible ICE/ERO detainees to marry. | Meets Standard | Written policy, procedures and the detainee handbook outline the marriage process. |
| 2. A detainee, or his or her legal representative, may submit the request for permission to marry to the facility administrator or Field Office Director in writing. | Meets Standard | A detainee, or their legal representative, may submit a request for permission to marry to the OIC or the AFOD in writing. The request must specifically address the detainee's eligibility to legally be married and must be accompanied by the intended spouse's written affirmation of intent to marry the detainee. |
| 3. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis. | Meets Standard | The AFOD considers each detainee marriage request on a case-by-case basis. |
| 4. The facility administrator or designated Field Office staff shall notify the detainee in a timely manner of a time and place for the ceremony. | Meets Standard | The OIC or the AFOD notifies the detainee in a timely manner of a time and place for the marriage ceremony. |
| 5. Once the marriage has taken place, the facility administrator shall forward original copies of all documentation to the detainee's A-file and maintain copies in the facility's detention File. | Meets Standard | |

**STANDARD 5.3. MARRIAGE REQUESTS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Evaluation of this standard was based on review of policy, review of documentation and interviews with ICE personnel. All marriage requests are reviewed on a case-by-case basis. Detainees are informed about the marriage request procedures through the local detainee handbook. Approval or denial of marriage requests is reviewed by the OIC. ICE notifies the detainee in writing of the reasons for the denial within thirty days from the date of request. Detainees may seek legal assistance throughout the marriage application process.

Guidelines for denying a detainee's marriage request includes the following: the detainee is not legally eligible to be married; the detainee is not mentally competent, as determined by a qualified medical practitioner; the intended spouse has not affirmed, in writing, his/her intent to marry the detainee; the marriage would present a threat to the security or orderly operation of the facility; or there are compelling government interests for denying the request.

When a request is approved, the following guidelines are followed: the detainee, legal representative or other individual acting on the detainee's behalf, make all the marriage arrangements, including, but not limited to blood tests, obtaining marriage license, and retaining an official to perform the marriage ceremony. ICE personnel do not participate in making marriage arrangements nor serve as witnesses in the ceremony. The marriage does not interrupt nor stay any hearing, transfer to another facility or removal from the United States and transfers do not occur solely to prevent a marriage. Arrangements made are consistent with the security and orderly operation of the facility per the following stipulations: the

| STANDARD 5.3. MARRIAGE REQUESTS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| ceremony shall take place inside the facility; all expenses relating to the marriage shall be borne by the detainee or person acting on the detainee's behalf; and the ceremony shall be private with no media publicity and only individuals essential for the marriage ceremony may attend.<br><br>The facility provides communication assistance to LEP detainees and detainees with disabilities to ensure access to programs and service. This is achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities. All written materials provided to detainees are translated into Spanish. Oral interpretation or assistance is provided to any detainee who speaks another language into which written material has not been translated or who is illiterate.<br><br>Evaluation of this standard was based on a review of policy and pertinent documentation, and interviews with ICE personnel and the chaplain. There have been thirteen marriage requests received during the previous twelve months, with one marriage ceremony conducted. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 5.4. RECREATION (Key: AD) | | |
|---|---|---|
| This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The facility provides an indoor recreation program. | Meets Standard | |
| 2. The facility provides an outdoor recreation program. | Meets Standard | The facility has three outdoor recreation yards and an outside covered gymnasium. |
| 3. PRIORITY: If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, weather permitting. Detainees shall have access to clothing appropriate for weather conditions. If only indoor recreation is available, detainees shall have access for at least one hour each day to a large recreation room with exercise equipment and access to natural sunlight. All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities. | Meets Standard | Recreation and leisure programs for detainees include both indoor and outdoor activities. Detainees in general population have access to outdoor recreation at least four hours a day, seven days a week, weather and scheduling permitted. Daily indoor recreation is also available. During inclement weather, detainees have access to indoor recreational opportunities. Detainees have access to clothing appropriate for weather conditions. Access to drinking water and toilet facilities is provided. |
| 4. If a detainee is housed for more than 10 days in a facility that provides neither indoor nor outdoor recreation, he or she may be eligible for a voluntary transfer to a facility that does provide recreation.<br>Likewise, if a detainee is housed for more than three months in a facility that provides only indoor recreation, he or she may be eligible for a voluntary transfer to a facility that also provides outdoor recreation. | N/A | The facility provides indoor and outdoor recreation. |
| 5. PRIORITY: All facilities shall have an individual responsible for the development and oversight of the recreation program. Every facility with a rated capacity of 350 or more detainees shall employ a full-time recreation specialist with special training in implementing and overseeing a recreation program, who assesses the needs and interests of the detainees. | Meets Standard | Two full-time recreation specialists are responsible for the development and oversight of the recreation program. The recreation specialists have received specialized training in implementing and overseeing a recreation program tailored to the needs and interests of the detainees. |
| 6. All facilities shall provide recreational opportunities for detainees with disabilities. | Meets Standard | |



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2018-ICLI-00023 6616

| STANDARD 5.4. RECREATION (Key: AD) | | |
|---|---|---|
| This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. Exercise areas shall offer a variety of equipment. Weight training, if offered, must be limited to fixed equipment. Free weights are prohibited. | Meets Standard | Outdoor recreational activities include basketball, soccer, and cardio-vascular exercises. Weight training is limited to fixed equipment. Free weights are prohibited. |
| 8. Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable. | Meets Standard | Outdoor recreation is available to all detainees. |
| 9. PRIORITY: Dayrooms in general population housing units shall offer board games, television, and other sedentary activities. Detention personnel shall supervise dayroom activities, distributing games and other recreation materials daily. | Meets Standard | Television, playing cards, board games and video games are available for detainees as dayroom activities. Recreation activities are under staff supervision. |
| 10. Recreational activities shall be based on the facility's size and location. With the facility administrator's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, and table games, and may extend to intramural competitions among units. | Meets Standard | Recreation activities include soccer, volleyball and basketball. Intramural programs and activities are offered. |
| 11. Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices to maintain contact with the Control Center. | Meets Standard | |
| 12. PRIORITY: Recreation for detainees housed in the SMU shall be separate from the general population. Detainees in the SMU for administrative reasons shall be offered at least one hour of exercise opportunities per day, seven days a week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of recreation per day, five days per week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather-appropriate equipment and attire. | Meets Standard | Detainees placed in the SMU for administrative reasons are offered two hours of out-of-cell time seven days a week. Detainees in SMU for disciplinary reasons are offered recreation opportunities one hour outside their cell, seven days a week. The outdoor recreation area for the SMU is separate from general population recreation areas. Weather appropriate clothing is available. |
| 13. Each detainee in a Special Management Unit (SMU) shall be offered access to exercise opportunities and equipment outside the living area and outdoors, when practicable, unless documented security, safety or medical considerations dictate otherwise. | Meets Standard | |



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2018-ICLI-00023 6617

| STANDARD 5.4. RECREATION (Key: AD) | | |
|---|---|---|
| This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 14. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a written report of the action is forwarded to the facility administrator. Denial of recreation must be evaluated daily by a shift supervisor. | Meets Standard | Written explanations are provided when recreation privileges are revoked and are forwarded to the OIC. Any such denial would be evaluated daily by a shift supervisor. There have been no such revocations during the inspection period. |
| 15. When recreation privileges are suspended, the disciplinary panel or facility administrator shall provide the detainee written notification, documentation of the reason for the suspension, any conditions that must be met before restoration of privileges, and the duration of the suspension provided the requisite conditions are met for its restoration. | Meets Standard | |
| 16. The case of a detainee denied recreation privileges shall be reviewed at least once each week as part of the reviews required for all detainees in SMU status. | Meets Standard | Policy requires a weekly review of all recreation privilege suspensions. There have been no such revocations of recreation privileges during the inspection period. |
| 17. Denial of recreation privileges for more than 7 days requires the concurrence of the facility administrator and a health care professional. | Meets Standard | Policy requires the concurrence of the OIC and a health care professional when a detainee's recreation privileges are denied for more than seven days. There have been no denials of recreation privileges during the inspection period. |
| 18. The facility shall notify the ICE/ERO Field Office in writing when a detainee's denied recreation privileges exceeds 7 days. | Meets Standard | |

**STANDARD 5.4. RECREATION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Detainees have access to recreational and exercise programs and activities within the constraints of safety and security. Detainees are provided access to indoor and outdoor recreation, with all recreation being under constant staff supervision. The recreation specialists ensure programs are operated in an orderly, safe and secure manner. Detainees are not required to forgo basic law library privileges for recreation privileges. Officers search recreation areas before and after each use to detect altered or damaged equipment, hidden contraband, and security breaches. All recreational issued equipment is checked for damage and general condition by officers.

The OIC has established policy and procedures concerning television viewing in the dayrooms. All television viewing schedules are subject to the OIC's approval.



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2018-ICLI-00023 6618

| STANDARD 5.4. RECREATION – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| The facility provides communication assistance to LEP detainees and detainees with disabilities to ensure access to programs and service. This is achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities. All written materials provided to detainees are translated into Spanish. Oral interpretation or assistance is provided to any detainee who speaks another language into which written material has not been translated or who is illiterate.<br><br>The quality of life concerning the detainee population was reflected in the recreation program. Based on the review of documents, facility personnel and detainee interviews and observation of daily activities, the facility is providing safe and secure recreational activities to the detainees. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printe** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |



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| STANDARD 5.5. RELIGIOUS PRACTICES (Key: AE) | | |
|---|---|---|
| This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Detainees have opportunities to engage in practices of their religious faiths (including observance of important holy days, observance of special diets, and use of personal religious property) consistent with safety, security, and the orderly operation of the facility. Attendance at all religious activities is voluntary. | Meets Standard | Detainees are permitted to participate in religious services and practices consistent with different religious faiths. There were no noted exceptions. Participation in religious services is voluntary. |
| 2. Efforts shall be made to allow for religious practice in a manner that does not adversely affect detainees not participating in the practice. Detainees cannot be required to participate in or attend a religious activity in order to receive a service of the facility or participate in other, nonreligious activities. | Meets Standard | Detainees participate in religious programs on a volunteer basis. Religious programming is provided in a manner that does not adversely affect detainees not participating in the program. |
| 3. Religious activities shall be open to the entire detainee population, without discrimination based on a detainee's race, ethnicity, religion, national origin, gender, sexual orientation, or disability.<br>Accommodations will be provided to residents who have limited English proficiency, or who are deaf or hard of hearing, to ensure their access to services should they wish to participate. | Meets Standard | Religious activities are open to the entire population, without restriction. Religious services are available in English and Spanish. Accommodations are offered for detainees with special needs. |
| 4. Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance. | Meets Standard | |
| 5. PRIORITY: A facility religious services coordinator manages and coordinates religious activities for detainees, which are augmented and enhanced by community clergy, contractors, volunteers, and groups that provide individual and group assembly religious services and counseling that the facility religious services coordinator cannot personally deliver. | Meets Standard | The chaplain manages and coordinates religious activities for detainees. The chaplain is assisted by forty community religious volunteers that augment and enhance the religious services provided to detainees. |
| 6. The chaplain or other religious coordinator shall have physical access to all areas of the facility to serve detainees. | Meets Standard | |



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2018-ICLI-00023 6620

| STANDARD 5.5. RELIGIOUS PRACTICES (Key: AE) | | |
|---|---|---|
| This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. All facilities shall designate adequate space for religious activities that is sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably. | Meets Standard | Religious services are held in the dining room for low and medium security detainees and in one of the multi-purpose rooms for medium high and high security detainees. The space provided is sufficient to meet the needs of all religious groups of the detainee population in a fair and equitable manner. |
| 8. The chaplain or religious services coordinator shall not ordinarily schedule religious services to conflict with meal times. | Meets Standard | |
| 9. When recruiting citizen volunteers, the chaplain or religious services coordinator and other staff shall be cognizant of the need for representation from all cultural and socioeconomic parts of the community. | Meets Standard | |
| 10. Detainees who are members of faiths not represented by clergy may conduct their own services, provided they do not interfere with facility operations. | Meets Standard | |
| 11. If requested by a detainee, the chaplain or religious services coordinator or designee shall facilitate arrangements for pastoral visits by a clergyperson or representative of the detainee's faith. | Meets Standard | |
| 12. Detainees may make a request for the introduction of a new component to the Religious Services program (e.g. schedule, meeting time and space, religious items and attire) to the chaplain. The chaplain or religious services coordinator may ask the detainee to provide additional information to use in deciding whether to include the practice. | Meets Standard | The chaplain reviews all requests for introduction of new components to the religious services program. A detainee may be asked to provide additional information, which would be used by the chaplain and OIC when deciding whether to include the practice. |
| 13. Each facility shall have written policy and procedures to facilitate detainee observance of important holy days, consistent with maintaining safety, security and orderly operations, and the chaplain shall work with detainees to accommodate proper observances. | Meets Standard | Policy and procedures address the observance of important holy days. The chaplain works with detainees to accommodate proper observances consistent with maintaining the safety, security and orderly operation of the facility. |



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2018-ICLI-00023 6621

| STANDARD 5.5. RELIGIOUS PRACTICES (Key: AE) | | |
|---|---|---|
| This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 14. Each facility administrator shall allow detainees access to personal religious property, both during religious services and throughout the facility, as is consistent with safety, security and orderly operation of the facility. | Meets Standard | |
| 15. When a detainee's religion requires special food services, daily or during certain holy days or periods that involve fasting, restricted diets, etc., staff shall make all reasonable efforts to accommodate those requirements (for example, modifying the detainee's menus to exclude certain foods or food combinations, or providing the detainee's meals at unusual hours). | Meets Standard | All reasonable accommodations are made to allow for special food service, fasting or a restricted diet as required by the detainee's religious faith. |
| 16. The chaplain or religious services coordinator shall develop the religious fast schedule for the calendar year and provide it to the facility administrator or designee. | Meets Standard | |

**STANDARD 5.5. RELIGIOUS PRACTICES – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Religious services are provided through the efforts of a full-time chaplain and volunteer clergy from the community. Employees do not disparage the religious beliefs of a detainee, nor coerce or harass a detainee to change his religious affiliation. ICE does not require a detainee to profess a religious belief. A detainee can designate any or no religious preference during the intake process. By notifying the staff in writing, a detainee can request to change this designation at any time, and the change is effected in a timely fashion.

Attendance at religious activities is voluntary and, unless otherwise specified by the OIC, open to all. The OIC may limit participation in a religious activity or practice to the members of that group. When the nature of the activity or practice such as fasting, ceremonial meals, headwear requirements or work proscriptions indicates a need for such limitation, only those detainees whose files reflect the pertinent religious preference will be included.

The religious services program is organized and supervised by the chaplain, who actively recruits community volunteers to assist in conducting religious services. The facility requires religious volunteers to undergo a background check, provide documentation of the clergy person's or faith group representative's credentials and successfully complete facility orientation before they are allowed in the secure area of the facility. Volunteers do not provide unsolicited religious services or counseling to detainees.

To provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with disabilities. This is achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities. Interviews with the chaplain and detainees, and review of policy verified detainees of different religious beliefs are provided reasonable and equitable opportunity to participate in the practice of their expressed faith.

**Overall Rating:** Meets Sta(b)(6);(b)(7)(C)

**Reviewer Name (Printed)** [redacted] **Completion Date:** 5/4/2017

**Reviewer Signature (for printed form submission):**

| STANDARD 5.6. TELEPHONE ACCESS (Key: AF) | | |
|---|---|---|
| This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. To ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees. | Meets Standard | |
| 2. PRIORITY: Each facility shall ensure that detainees have access to reasonably priced telephone services. Contracts for such services shall comply with all applicable state and federal regulations and be based on rates and surcharges commensurate with those charged to the general public. Any variations shall reflect actual costs associated with the provision of services in a detention setting. | Meets Standard | Securus Technologies, Inc., the telephone service provider, complies with all state and federal regulations. Local calls cost $0.13 per minute. Long distance calls cost $0.13 or $0.19 per minute depending upon location of city. Interstate calls cost $0.21 per minute. Rates for international calls vary by country. A telephone call to Mexico costs $0.39 per minute. |
| 3. Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. Facility staff shall notify detainees and the ICE/ERO free legal service providers of procedures for reporting problems with telephones. | Meets Standard | The facility maintains detainee telephones in proper working order. The housing unit officer checks the telephones on every shift. During the inspection, all telephones were operational. Telephone repair logs are maintained. |
| 4. Facility staff is responsible for ensuring on a daily basis that telephone systems are operational and that the free telephone number list is posted. Any problems identified must immediately be logged and reported to the appropriate facility and ICE staff personnel. | Meets Standard | Telephones are checked daily by housing unit officers. Housing unit logs confirmed the practice. Telephone problems are reported to the sergeant who then notifies the contractor of the problem. The free telephone number list was observed posted in the housing units. |
| 5. Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall include a recorded message on its phone system stating that all telephone calls are subject to monitoring. At each monitored telephone, place a notice that states that detainee calls are subject to monitoring. A detainee's call to a court, a legal representative, OIG, or CRCL, or for the purposes of obtaining legal representation, may not be electronically monitored. | Meets Standard | Written policy addresses the monitoring of detainee telephone calls. There is a recorded message on the telephone system that advises the caller, in English and Spanish, that the call may be monitored. A written notice that the call may be monitored is posted. Special access calls and legal calls are not monitored. |

| STANDARD 5.6. TELEPHONE ACCESS (Key: AF) | | |
|---|---|---|
| This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 6. Each facility shall provide telephone access rules in writing to each detainee upon admission, and shall post these rules and telephone access hours where detainees may easily see them, in Spanish and other languages spoken by significant segments of the limited English proficient population where practicable. Updated telephone and consulate lists, along with a list of card and calling rates, shall be posted in the detainee housing units. Translation and interpretation services shall be provided as needed. | Meets Standard | |
| 7. Each facility administrator shall establish and oversee rules and procedures that provide detainees reasonable and equitable access to telephones during established facility "waking hours." | Meets Standard | Detainee telephones are available daily from 6:00 a.m. until bedtime. |
| 8. Detainees are afforded a reasonable degree of privacy for legal phone calls. | Meets Standard | |
| 9. A procedure exists to assist a detainee who is having trouble placing a confidential call. | Meets Standard | The unit manager or ICE officer assists a detainee in placing a confidential call. |
| 10. The facility provides the detainees with the ability to make non-collect (special access) calls, as well as international calls. | Meets Standard | |
| 11. Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals required by the standard. Updated lists need to be posted in the detainee housing units. | Meets Standard | Both collect calls and telephone calling card calls are permitted. Special access numbers are programmed into the detainee telephone system and are free of charge. Updated lists are posted in the housing units in English and Spanish. |
| 12. If detainees are required to complete request forms to make direct or free calls, facility staff must assist them as needed, especially illiterate or non-English speaking detainees. | N/A | Detainees are not required to complete request forms for direct or free calls. |



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2018-ICLI-00023 6624

| STANDARD 5.6. TELEPHONE ACCESS (Key: AF) | | |
|---|---|---|
| This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 13. PRIORITY: All detainees are able to call their consulate, the DHS Office of the Inspector General, the ICE/OPR Joint Intake Center, and any organization on the ICE/ERO-provided list of free legal service providers at no charge to the detainee or receiving party. The FOD will ensure that all information is kept current and provided to each facility. Updated contact lists are posted in the detainee housing units.<br>Indigent detainees are afforded the same telephone access and privileges as detainees in the general population. The indigent detainee may also request a free call to immediate family or others in personal or family emergencies or for a compelling need (to be interpreted liberally). | Meets Standard | All special access numbers are programmed into the detainee telephone system and are free of charge. Current contact information is posted in the housing units. Updates are posted as required. Indigent detainees may place free telephone calls upon request. |
| 14. A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. | Meets Standard | |
| 15. The facility has a system for taking and delivering emergency detainee telephone messages. | Meets Standard | Per policy, when an officer receives an emergency telephone call for a detainee, the caller's name and telephone number are obtained and given to the detainee as soon as possible. The detainee is permitted to return the emergency call as soon as reasonably possible within the constraints of security and safety. |
| 16. The facility shall take and deliver telephone messages to detainees as promptly as possible. When facility staff receive an emergency telephone call for a detainee, the caller's name and telephone number will be obtained and promptly given to the detainee. The detainee shall be permitted to promptly return the emergency call at their own cost within the constraints of security and safety. The facility shall enable indigent detainees to make a free return emergency call. | Meets Standard | Emergency messages are promptly delivered to detainees subject to verification. Detainees are permitted to promptly return emergency calls at their own expense. Indigent detainees are permitted to make a free return emergency call. |



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| STANDARD 5.6. TELEPHONE ACCESS (Key: AF) | | |
|---|---|---|
| This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 17. The facility shall provide a TTY device or Accessible Telephone (telephones equipped with volume control and telephones that are hearing-aid compatible for detainees who are deaf or hard of hearing). Detainees who are hard of hearing will be provided access to the TTY on the same terms as hearing detainees.<br>Accommodations shall also be made for detainees with speech disabilities. | Meets Standard | Accommodations are made for detainees who are hard of hearing and/or have a speech disability. There are three TTY devices available. There have been no requests to use a TTY device in the last twelve months. |
| 18. Even where telephone access is reasonably restricted for detainees in Special Management Units, detainees and their legal counsel shall nevertheless be accommodated in order for them to be able to communicate effectively with each other. Telephone access for legal calls, courts, government offices (including the DHS OIG and the DHS JIC) and embassies or consulates shall not be denied. | Meets Standard | Telephone access for legal resources, government offices and consulates is not restricted for detainees in the special management unit. |
| 19. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process. Even in Disciplinary Segregation, however, detainees shall have some access for special purposes. | Meets Standard | |
| 20. Generally, detainees in administrative segregation should receive the same telephone privileges that are available to detainees in the general population, subject to any safety and security considerations that may exist. | Meets Standard | Detainees in administrative segregation have similar telephone privileges as those in the general population. A portable telephone is available in the special management unit. |
| 21. Upon a detainee's request, facility staff shall make special arrangements to permit the detainee to speak by telephone with an immediate family member detained in another facility. | Meets Standard | |

**STANDARD 5.6. TELEPHONE ACCESS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The facility permits reasonable and equitable access to telephones permitting detainees to maintain established relationships and to conduct legal business via the telephone. Unit telephones are available to detainees during normal dayroom hours, seven days per week. ICE personnel do not perform regular inspections of the telephone system.

Although there were no detainees housed at the facility during the inspection with hearing or speech disabilities, according to the compliance sergeant, classification supervisor and ICE officers, detainees with either of these disabilities would be accommodated in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the standard, so as to have equal access to telephone services. In order to provide access to programs and services, the facility provides communication assistance to LEP detainees. This may be achieved via bilingual staff, translation services, or other means for LEP detainees.

| STANDARD 5.6. TELEPHONE ACCESS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| To evaluate this standard, policy was reviewed, sergeant, detention officers, ICE officers, classification supervisor and detainees were interviewed, access for LEP detainees and detainees with disabilities was reviewed and the OIG speed dial number was tested. Telephones were checked in the housing units to ensure operability. Interviews were conducted with detainees concerning telephone access and the telephone system. No concerns or complaints were noted. Detainees stated that the phones were usually operable and if a problem occurs, it is repaired quickly. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |



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| STANDARD 5.7. VISITATION (Key: AG) | | |
|---|---|---|
| This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. There is a written visitation procedure, schedule, and hours for general visitation. | Meets Standard | |
| 2. Each facility administrator shall decide whether to permit contact visits, as is appropriate for the facility's physical plant and detainee population. | Meets Standard | Only non-contact visits are permitted. |
| 3. A facility administrator may temporarily restrict visiting when necessary to ensure the security and good order of the facility. Each restriction or denial of visits shall be documented in writing, including the duration of and reasons for the restriction. | Meets Standard | Policy dictates that the OIC may restrict detainee visitation for a specified period of time for reasons of security or to preserve good order. All such restrictions must be documented and the cause and duration of the restriction referenced. |
| 4. Each facility shall:<br>• Make the schedule and procedures available to the public, both in written form and telephonically.<br>• Post that information in the visitor waiting area in English, Spanish, and, where practicable, other major languages spoken in the facility, as well as in each housing unit where detainees can easily see them. | Meets Standard | |
| 5. PRIORITY: General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order. | Meets Standard | General visitation is permitted from 9:00 a.m. to 4:00 p.m., seven days a week, including holidays. The minimum duration for a visit is one hour. Policy and procedures address all the requirements listed in this component. |
| 6. Each facility shall maintain a log of all general visitors, and a separate log of legal visitors. | Meets Standard | Separate sign-in logs are maintained for general and legal visitors. |
| 7. If the facility establishes and maintains a dress code for visitors, it shall be made available to the public. | Meets Standard | The visitor dress code is posted in the visitor entrance in English and Spanish. Copies of the rules and dress code are available to visitors in the reception lobby and are included in the local handbook so that detainees may communicate the dress code to visitors. |



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| STANDARD 5.7. VISITATION (Key: AG) | | |
|---|---|---|
| This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. The facility's visiting areas shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable. | Meets Standard | The visiting room is equipped with standard non-contact visiting booths. There is a child-friendly reading and game area adjacent to the booths. The facility provides reading material, coloring books and crayons for the children. There are pleasant and colorful decorations on the visiting room walls. |
| 9. PRIORITY: The facility's written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances. | Meets Standard | Visits are routinely restricted to one hour. According to policy, special consideration is given to individuals who travel long distances and for other family circumstances. |
| 10. Facilities should have provisions to allow for contact or non-contact visitation with minor children, stepchildren and foster children. Facilities that allow visitations by minor children, stepchildren and foster children should try to facilitate contact visitation when possible. Facilities should allow detainees to see their minor children as soon as possible after admission. Generous time allotments for visitation with minor children are recommended. At facilities where there is no provision for visits by minors, ICE arranges for visits by children, stepchildren, and foster children on request, within the first 30 days. | Meets Standard | Minor children are permitted to visit if accompanied by an adult. Accommodations as outlined in this component are made for visits with minors. |
| 11. Written procedures shall detail the limits and conditions of contact visits in facilities permitting them. | N/A | There are no contact visits. |
| 12. While in administrative or disciplinary segregation status, a detainee ordinarily retains visiting privileges. | Meets Standard | |
| 13. PRIORITY: Legal visitation is available seven (7) days a week, including holidays. Legal visitation hours provide for a minimum of eight (8) hours per day on regular business days, and a minimum of four (4) hours per day on weekends and holidays. | Meets Standard | Legal visitation is permitted from 8:00 a.m. to 5:00 p.m. weekdays and from 3:30 p.m. to 7:30 p.m. on Saturdays, Sundays and holidays. |
| 14. Private consultation rooms are available for meetings with legal representatives or legal assistants. There is a mechanism for the detainee and his/her legal representative or assistant to exchange documents, even when contact visitation rooms are unavailable. | Meets Standard | There are three private rooms available for legal consultations. There is a mechanism for the detainee to exchange documents with the legal representative or legal assistants. |



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| STANDARD 5.7. VISITATION (Key: AG) | | |
|---|---|---|
| This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 15. Legal representatives and assistants are subject to a non-intrusive search - such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband. | Meets Standard | Legal visitors must clear a walk-through metal detector. Their personal belongings must clear an x-ray scanner. |
| 16. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas. | Meets Standard | |
| 17. Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees. Facilities will notify and seek approval from ICE ERO of any proposed law enforcement officer visit with a detainee. | Meets Standard | Law enforcement officials must have approval from the FOD to visit a detainee. |
| 18. Former ICE/ERO detainees, individuals with criminal records and individuals in deportation proceedings shall not be automatically excluded from visiting. Individuals in any of these categories must so notify the facility administrator before registering for visitation privileges. | Meets Standard | Former ICE detainees, individuals with criminal records and individuals in deportation proceedings must have approval from the FOD to visit a detainee. |

**STANDARD 5.7. VISITATION – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

To evaluate this standard, visiting procedures, policy, the handbook and logs were reviewed; visiting areas were toured; visiting room officers, chief of security and detainees were interviewed and visitation was observed.

In order to provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with disabilities. This may be achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the Standard.

Detainees are not required to have an approved visitor list. Visits by legal representatives are conducted in private contact visiting rooms. There are no contact visits.

Prior to each visit, all legal representatives and assistants are required to provide appropriate identification, such as a bar card from any state, a document demonstrating partial or full accreditation from the U.S. Department of Justice (DOJ) Executive Office for Immigration Review (EOIR), or a letter of authorization from the legal representative or attorney under whose supervision the individual is working as detailed above. Legal visitors may be accompanied by interpreters. Legal visitors are not required to know the detainee's A-number in order to visit and policy permits legal visitors to call ICE prior to the visit to determine if the detainee is at the facility. Legal providers are not required to file a Form G-28 for pre-representation meetings with detainees or for representation of non-immigration matters, but must file a G-28 to represent detainees for immigration matters. Blank G-28 forms are available via the ICE website or the attorney/legal representative may request a G-28 form from an ICE officer.

Employees visually observe legal visits, but are not able to hear conversations. Legal visits may continue through counts. Upon request, legal visits may occur in general visitation areas if private consultation rooms are not available. Documents exchanged between detainees and their legal visitors are inspected by employees, but not read. Consultation visitation, asylum officer visits, and consular officer visits are managed within the stipulations of the standard. NGO visitation and facility tour requests are submitted in writing to the FOD in coordination with the OIC for review and must state the reasons for the visit and issues to be discussed. Legitimate community service organizations may visit upon approval of ICE. News media visit only with approval of ICE.

| STANDARD 5.7. VISITATION – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| Visitation is restricted only through the disciplinary process and criminal behavior during visits may be referred for prosecution. In those cases, the officer is required to document the action and notify the OIC. The visiting room officer, with concurrence from the shift supervisor, may terminate visits involving inappropriate behavior. There have been no visitor restrictions in the last year.<br><br>Family and friends may visit detainees, and detainees may visit other family members who are detained at this facility by special arrangement. Visitors refusing search procedures are not permitted to visit. There are lockers available in the entrance for visitor's personal belongings. Policy lists the items of personal property that may enter the visitation areas. Service animals may accompany visitors with disabilities.<br><br>A detainee or his legal representative may seek an independent medical or mental health examination to develop information useful in administrative proceedings, in accordance with "EE. Examinations by Independent Medical Service Providers and Experts" found in standard 4.3 "Medical Care." Once the FOD has approved the request for an independent examination, the facility will provide a location for the examination but no medical equipment or supplies. The examination must be arranged and conducted in a manner consistent with maintaining the security and good order of the facility.<br><br>Written procedures address incoming detainee property and fund deposits. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |



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## STANDARD 5.8. VOLUNTARY WORK PROGRAM (Key: AH)

This detention standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order of the facility. While not legally required to do so, ICE/ERO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Standard N/A

**Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. Detainees who are physically and mentally able to work shall be provided the opportunity to participate in a voluntary work program. | Meets Standard | Policy and the detainee handbook describe the voluntary work program. Detainees with disabilities may participate in the volunteer work program. |
| 2. The detainee's classification level shall determine the type of work assignment for which he/she is eligible. Generally, high custody detainees shall not be given work opportunities outside their housing units/living areas. | Meets Standard | |
| 3. ICE detainees may not work outside the secure perimeter of non-dedicated IGSA facilities. | Meets Standard | Detainees do not work outside the secure perimeter of this DIGSA facility. |
| 4. The facility administrator shall develop site-specific rules for selecting work detail volunteers in a facility procedure that will include a voluntary work program agreement. | Meets Standard | The handbook is supplemented by an orientation video that is available in English and Spanish. Orientation information will be read to detainees who cannot read or understand the language of the handbook. Interpretive services are provided as needed. |
| 5. Detainees shall not be denied voluntary work opportunities on the basis of such factors as a detainee's race, religion, national origin, gender, sexual orientation or disability. | Meets Standard | |
| 6. While medical or mental health restrictions may prevent some physically or mentally challenged detainees from working, those with less severe disabilities shall have the opportunity to participate in the voluntary work program in appropriate work assignments. | Meets Standard | Policy and the detainee handbook describe the voluntary work program. Detainees with disabilities may participate in the voluntary work program. |
| 7. Detainees who participate in the volunteer work program are required to work according to a fixed schedule that does not exceed 8 hours daily, 40 hours weekly. | Meets Standard | |
| 8. Detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy of at least $1.00 (USD) per day. | Meets Standard | Detainees receive a minimum of $1.00 per day for their participation in the voluntary work program. |
| 9. The facility administrator shall establish procedures for informing detainee volunteers about on-the-job responsibilities and reporting procedures. | Meets Standard | |

## STANDARD 5.8. VOLUNTARY WORK PROGRAM (Key: AH)

This detention standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order of the facility. While not legally required to do so, ICE/ERO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Standard N/A

**Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 10. When a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file. Detainees are permitted to file a grievance to the facility administrator or local Field Office Director if they believe they were unfairly removed from work. | Meets Standard | Policy states that when a detainee is removed from a work detail, written documentation of the circumstances and reason for removal will be placed in the detainee's detention file. Detainees may use the grievance process if they feel they were unfairly removed from their work assignment. |
| 11. All detention facilities shall comply with all applicable health and safety regulations and standards, to include training. | Meets Standard | |
| 12. The facility administrator shall ensure that all department heads, in collaboration with the facility's safety/training officer, develop and institute appropriate training for all detainee workers. | Meets Standard | |
| 13. Upon a detainee's assignment to a job or detail, the supervisor shall provide thorough instructions regarding safe work methods and, if relevant, hazardous materials. | Meets Standard | A review of records confirmed that detainees receive training regarding safe work methods and hazardous substances upon assignment to a job. |
| 14. The facility shall provide detainees with safety equipment that meets OSHA and other standards associated with the task performed. | Meets Standard | |
| 15. The facility administrator shall implement procedures for immediately and appropriately responding to on-the-job injuries, including immediate notification of ICE/ERO. | Meets Standard | The medical department and ICE are notified immediately if a detainee sustains an injury while participating in the work program |

## STANDARD 5.8. VOLUNTARY WORK PROGRAM – Reviewer Summary

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Detainees are provided the opportunity to work and earn money, subject to the number of work opportunities available and within the constraints of safety, security and good order. Policy requires the voluntary work program to operate in compliance with codes and regulations of all applicable federal, state, or local work safety laws and regulations. Detainees receive appropriate training as required prior to starting their work assignments.

Detainees participating in the voluntary work program are required to sign a voluntary work program agreement before

| STANDARD 5.8. VOLUNTARY WORK PROGRAM – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| commencing each new assignment. Completed agreements are filed in the detainee's detention file. A detainee who believes that there was insufficient justification to reject their placement in the program or believes they can perform essential functions of the work assignment may file a grievance.<br><br>The facility has a system that ensures that detainees receive the pay owed them prior to the detainee being released or transferred. Detainees can be removed from work assignments for various reasons that include unsatisfactory performance, physical inability to do the work, prevention of injury and removal sanctions imposed because of disciplinary findings. Detainees may file a grievance to the AFOD or the OIC if they believe they were unfairly removed from their work assignment.<br><br>The facility has developed policy regarding reasonable accommodations consistent with the procedures outlined in the ICE Standard 4.8 "Disability Identification, Assessment, and Accommodation." The facility provides communication assistance to LEP detainees and detainees with disabilities to ensure access to programs and services. This is achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities.<br><br>Evaluation of this standard was based on observations, review of policy and documentation of detainee worker training, and interviews with staff and detainees. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

# *Section VI: JUSTICE*

**Detainee Handbook**
**Grievance System**
**Law Libraries and Legal Material**
**Legal Rights Group Presentations**

| STANDARD 6.1. DETAINEE HANDBOOK (Key: AI) | | |
|---|---|---|
| This detention standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook. | Meets Standard | Each detainee receives a copy of the site-specific handbook as well as the National Detainee Handbook during admission. |
| 2. The facility administrator shall ensure that the local supplement is translated into Spanish and, where practicable, any other language spoken by significant numbers of limited-English proficient detainees in that facility. | Meets Standard | Handbooks are available in English and Spanish, which are the predominant languages spoken at this facility. |
| 3. Staff shall require each detainee to verify, by signature, receipt of the handbook and maintain that acknowledgement in the detainee's detention file. | Meets Standard | |
| 4. If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall arrange for the orientation materials to be read to the detainee, provide the material using audio or video tapes in a language the detainee does understand, or provide a translator or interpreter within a reasonable amount of time. | Meets Standard | The handbook is supplemented by an orientation video that is available in English and Spanish. Orientation information is read to detainees who cannot read or understand the language of the handbook. Interpretive services are provided as needed. |
| 5. The facility administrator shall provide a copy of the ICE National Detainee Handbook and the local supplement to every staff member who has contact with detainees, and cover their contents in initial and annual staff training. | Meets Standard | Copies of the local handbook and the National Detainee Handbook are provided to staff members as part of their orientation training. Refresher training on the content of both handbooks is provided annually. |
| 6. The facility administrator shall appoint a committee to review the local supplement annually and recommend changes. While the handbook does not have to be immediately revised and reprinted to incorporate every change, the facility administrator shall establish procedures for immediately communicating such changes to staff and detainees. | Meets Standard | The local supplement is reviewed annually. Revisions to the handbook are made as necessary. Changes in procedures are posted immediately in the housing unit informational binder. Employees are notified via posted memos and post order changes. |



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2018-ICLI-00023 6636

| STANDARD 6.1. DETAINEE HANDBOOK (Key: AI) | | |
|---|---|---|
| This detention standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. PRIORITY: The detainee handbook (local supplement) address the following issues:<br>• The rules, regulations, policies and procedures with which every detainee must comply<br>• Detainee rights and responsibilities<br>• Procedures for requesting interpretive services for essential communication<br>• The facility's services and programs<br>• The facility's classification system<br>• Medical care<br>• The facility's zero tolerance policy for all forms of sexual abuse and assault<br>• The facility's rules of conduct and prohibited acts, the disciplinary scale, the sanctions imposed for violations of the rules, the disciplinary process, the procedure for appealing disciplinary findings, and detainees' rights in the disciplinary system (as required by Standard 3.1)<br>• Information about the facility's grievance system, including medical grievances (as required by Standard 6.2)<br>• The facility's policies on telephone access and on the monitoring of telephone calls, if telephone calls are monitored<br>• The facility's visitation rules and hours<br>• Rules and procedures governing access to the law library (as required by Standard 6.3) and to legal counsel<br>• Content and procedures of the facility's rules on legal rights group presentations, and the availability of legal orientation programs<br>• The facility's rules on correspondence and other mail (including information on correspondence procedures as required by Standard 5.1)<br>• The facility's policies and procedures related to personal property (as required by Standard 2.5)<br>• The facility's marriage request procedures<br>• Contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility<br>• Procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests. | Meets Standard | All of the elements in this component are addressed in the handbooks. |



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2018-ICLI-00023 6637

| STANDARD 6.1. DETAINEE HANDBOOK – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>Detainees receive the local handbook and the National Detainee Handbook during admission and are required to sign for both handbooks acknowledging receipt and an understanding of the handbooks. The handbooks and orientation video provide information regarding the rules, programs, procedures and requirements for detainees during their detention. The handbooks inform the detainee in detail as to how to report allegations of abuse and civil rights violations, and staff misconduct, directly to ICE/ERO headquarters or the DHS OIG.<br><br>The facility provides communication assistance to LEP detainees and detainees with disabilities to ensure access to programs and services. This is achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities.<br><br>Evaluation of this standard was based on review of the handbooks, policy and procedures and on interviews with staff and detainees. The handbook is free from derogatory or insensitive statements about detainee religion or culture. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Print** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ) | | |
|---|---|---|
| This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. PRIORITY: Each facility shall have written policy and procedures for a detainee grievance system that:<br>• Establishes a procedure for any detainee to file a formal grievance;<br>• Establishes a procedure to track or log all ICE detainee grievances separately from other facility populations;<br>• Establishes reasonable time limits for:<br>o Processing, investigating, and responding to grievances;<br>o Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and<br>o Providing written responses to detainees who filed formal grievances, including the basis for the decision.<br>• Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day, with a response from medical staff within five working days, where practicable;<br>• Establishes a special procedure for time-sensitive, emergency grievances, including having a mechanism by which emergency medical grievances are screened as soon as practicable by appropriate personnel;<br>• Ensures each grievance receives appropriate review;<br>• Provides at least one independent appeal that excludes individuals previously involved in the decision making process for the same grievance;<br>• Includes guarantees against reprisal; and<br>• Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized. | Meets Standard | Written policy and procedures address all bulleted items of this component. Detainees are provided information regarding the grievance system via the handbooks and the orientation process. |
| 2. Detainees are informed about the facility's informal and formal grievance system in a language or manner they understand. | Meets Standard | The handbook describes the formal and informal grievance system in a language that is easily understood. Translation services are available. |
| 3. The grievance section of the handbook explains all steps in the grievance process. | Meets Standard | |



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2018-ICLI-00023 6639

| STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ) | | |
|---|---|---|
| This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 4. Written procedures allow for the informal oral presentation and resolution of grievances. A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage. | Meets Standard | Written procedures encourage the informal resolution of grievances. Detainees can bypass or terminate the informal grievance process at any point and pursue a formal grievance. |
| 5. Detainees may submit a formal written grievance to a Grievance Officer at any time during, after, or in lieu of lodging an information complaint. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, legal representatives, or non-governmental organizations. | Meets Standard | |
| 6. Formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility. | Meets Standard | |
| 7. Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare. | Meets Standard | Policy and procedure outline a means for handling time-sensitive emergency grievances. |
| 8. All staff will be trained to appropriately respond to emergency grievances in an expeditious matter. | Meets Standard | |
| 9. A designated Grievance Officer (GO) shall conduct the initial adjudication of a grievance. The detainee shall have the option to file an appeal with a Grievance Appeals Board (GAB) if dissatisfied with a GO decision, and with the facility administrator if dissatisfied with a GAB decision. At all stages, detainees shall receive a decision on the grievance within five days of receipt of the appeal by the reviewing entity. | Meets Standard | The grievance officer conducts the initial adjudication of all non-medical grievances. Detainees can file an appeal with the grievance appeal committee. If dissatisfied with the committee's decision, an appeal can be filed with the OIC. Detainees receive a response within five working days of receipt of the appeal. |
| 10. Facilities shall allow any ICE/ERO detainee dissatisfied with the facility's response to a grievance, or fearing retaliation, to appeal to or communicate directly with ICE/ERO. | Meets Standard | |
| 11. PRIORITY: Each facility shall maintain a Detainee Grievance Log. The documentation shall include: the date the grievance was filed, the name of the detainee that filed the grievance, the nature of the grievance, the date the decision was provided to the detainee, and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file. | Meets Standard | A grievance log is maintained and includes the documentation listed in this component. A copy of the grievance disposition is given to the detainee and one is placed in the detainee's detention or medical file, as applicable. |



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| STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ) | | |
|---|---|---|
| This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 12. PRIORITY: Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner. | Meets Standard | Policy requires staff to notify a supervisor of any allegations of staff misconduct. There was one documented incident of officer misconduct during the past twelve months. The OIC and ICE were notified immediately. |
| 13. Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General. Immediately following any indication or allegation of retaliation, the facility and ICE/ERO shall conduct an investigation of alleged acts of retaliation in a timely manner, and take all steps necessary to remedy any retaliation determined to have occurred. | Meets Standard | Policy protects detainees from retaliation for filing a grievance or complaint. There were no documented or substantiated cases of staff retaliation against detainees who filed a complaint. |

**STANDARD 6.2. GRIEVANCE SYSTEM – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The grievance system offers detainees an informal and a formal avenue to address issues and concerns to command staff without fear of reprisal. Procedures are in place that protect detainee rights and ensure detainees are treated fairly by providing an avenue to file formal grievances and appeals. The grievance log is subject to regular inspection by ICE to evaluate compliance with the grievance standard. The facility's grievance policy and procedures are reviewed during ICE/ERO-initiated inspections.

The facility provides communication assistance to LEP detainees and detainees with disabilities. This is achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities. All written materials provided to detainees are translated into Spanish. The facility assists detainees with disabilities and others special needs in preparing and pursuing a grievance, including those with serious mental illness, known intellectual or developmental disabilities, or who are blind or have low vision.

The evaluation of this standard was based on observations, review of the grievance policy and grievance logs, and interviews with detainees and the grievance officer. There were 245 grievances filed within the past twelve months. Twenty-four of the grievances were found in favor of the detainee. A review of the grievance log indicated grievances are reviewed for accuracy, resolution and to ensure time frames are followed.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):** (b)(6);(b)(7)(C) [redacted] **Completion Date:** 5/4/2017

**Reviewer Signature (for printed form submission):**



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| STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK) | | |
|---|---|---|
| This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Each facility shall provide a properly equipped law library in a designated, well-lit room that is reasonably isolated from noisy areas and large enough to provide reasonable access to all detainees who request its use. It shall be furnished with a sufficient number of tables and chairs to facilitate detainees' legal research and writing. | Meets Standard | |
| 2. PRIORITY: Each detainee shall be permitted to use the law library for a minimum of five hours per week and may not be forced to forego his or her minimum recreation time to use the law library. | Meets Standard | Detainees may use the law library fifteen hours per week. Detainees are not forced to forego recreation time to use the law library. |
| 3. PRIORITY: The law library shall provide an adequate number of computers with printers, photocopiers and sufficient writing implements, paper, and related office supplies to enable detainees to prepare documents for legal proceedings, special correspondence, or legal mail. Typewriters, with replacement ribbons, carbon paper, and correction tape may be temporarily substituted for computers and printers only until such time as the facility can provide computers and printers, and if approved by ICE/ERO. Each facility administrator shall designate an employee to inspect the equipment at least daily and ensure it is in good working order and to stock sufficient supplies. | Meets Standard | Nine computers with word processing capabilities, a networked printer and photocopier are available for detainee use in the law library. There is also a computer and associated printer in the special management unit for detainee use. Sufficient supplies are maintained with each computer. Two designated officers are assigned to the law library. They inspect the equipment daily and maintain the stock of supplies. |
| 4. Detainees are provided with the means to save legal work in a private electronic format for future use. | Meets Standard | Detainees may save their legal work on a CD provided by the facility or purchase a flash drive from the commissary. |
| 5. The facility subscribes to updating services where applicable and legal materials requiring updates are current. | Meets Standard | The LexisNexis software was last updated in January 2017. |
| 6. Each facility administrator shall designate a facility law library coordinator to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition and replacing them promptly as needed. | Meets Standard | Two officers are designated law library coordinators. The coordinators perform the tasks required in the component. |

| STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK) | | |
|---|---|---|
| This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 7. PRIORITY: The law library contains all materials listed in Appendix 6.3.A: "List of Legal Reference Materials for Detention Facilities" and any materials provided to the facility by ICE/ERO. As an alternative to obtaining and maintaining the paper-based publications in Appendix 6.3.A, a facility may substitute the Lexis/Nexis publications on CD ROM. Any materials listed in Appendix 6.3.A which are not loaded onto the Lexis/Nexis CD ROM must be maintained in paper form. If materials are provided on CD-ROM or in another electronic format, technical assistance shall be provided. | Meets Standard | The library's computer has a current and functioning LexisNexis program. The installed LexisNexis application includes the materials required by the component. |
| 8. An up-to-date list of the law library's holdings, including the date and content of the most recent updates of all legal materials available to detainees in print and electronic media, are posted in the law library. | Meets Standard | |
| 9. The facility administrator must certify to the respective Field Office Director – and the Field Office Director must verify -- that the facility provides detainees sufficient:<br>• Operable computers that are capable of running the Lexis/Nexis CDROM,<br>• Operable printers,<br>• Supplies for both, and<br>• Instructions for detainees on the basic use of the system. | Meets Standard | |
| 10. Outside persons and organizations may submit published or unpublished legal material for inclusion in a facility's law library. If the material is in a language other than English, an English translation must be provided. Outside unpublished material is forwarded and reviewed by the ICE prior to inclusion. | Meets Standard | According to the library coordinator, outside persons and organizations that request to submit legal materials for use in the library are referred to the ICE officer. |
| 11. Detainees who require legal material not available in the law library may make a written request to the facility law library coordinator, who shall inform the Field Office of the request as soon as possible. | Meets Standard | Detainees may request legal material not available in the law library from the assigned ICE officer. If approved, the requests are addressed in a timely manner. |
| 12. The facility shall ensure that detainees can obtain at no cost to the detainee photocopies of legal material and special correspondence when such copies are reasonable and necessary for a legal proceeding involving the detainee. Detainees shall also be permitted to photocopy grievances, letters regarding conditions of confinement, disciplinary decisions, special needs forms, or other documents that are relevant to the presentation of any type of immigration proceeding. | Meets Standard | Detainees are provided photocopies of legal materials and special correspondence at no cost to the detainee. Copies of other documents that are related to a detainee's immigration proceedings are also duplicated at no cost to the detainee. |

| STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK) | | |
|---|---|---|
| This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 13. Facility staff provide assistance to detainees in accessing legal materials where needed (e.g. orientation to written or electronic media and materials; assistance in accessing related programs, forms, and materials). | Meets Standard | The on-duty law library coordinator provides assistance to detainees as required by the component. |
| 14. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents. | Meets Standard | |
| 15. Unrepresented illiterate, limited-English proficient, or disabled detainees who wish to pursue a legal claim related to their immigration proceedings or detention, and who indicate difficulty with the legal materials, must be provided assistance beyond access to a set of English-language law books. To the extent practicable and consistent with the good order and security of the facility, efforts will be made to assist all illiterate, limited-English proficient, and disabled persons in using the law library. | Meets Standard | |
| 16. The facility shall permit a detainee to retain all personal legal material upon admittance to the general population or Administrative Segregation or Disciplinary Segregation units, unless this would create a safety, security or sanitation hazard. Stored legal materials are accessible within 24 hours of a written request. Detainees with scheduled immigration hearings within 72 hours are provided access to their personal legal materials to the extent practicable. | Meets Standard | |
| 17. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, unless compelling security concerns require limitations. | Meets Standard | Detainees housed in administrative segregation or disciplinary segregation have the same access to the law library as those in the general population. There is a computer equipped with LexisNexis in the special management unit. |

| STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK) | | |
|---|---|---|
| This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 18. Denial of access to the law library must be:<br>• Supported by compelling security concerns,<br>• Be for the shortest period required for security, and<br>• Be fully documented in the Special Management Unit housing logbook.<br>• Documented, with reasons listed, in the detention file.<br>The facility shall notify the Field Office every time access is denied and send a copy of the proper documentation. | Meets Standard | Policy states that all restrictions or denials of detainee law library access must be documented as required by this component. The basis for the action must be justifiable and the restriction must be for a limited period of time and periodically reviewed. Copies of the documentation must be sent to the ICE field office and placed in the detainee's detention file. There have been no such restrictions or denials during the inspection period. |
| 19. The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, if the detainee is unable do so through a family member, friend, or community organization. | Meets Standard | The law library coordinators provide notary public services. The mailroom clerk provides certified mail service. |
| 20. Staff shall not permit a detainee to be subjected to reprisals, retaliation or penalties because of a decision to seek judicial or administrative relief or investigation of any matter. | Meets Standard | |

**STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

During the evaluation of this standard, the main law library and the satellite library in segregation were inspected; the LexisNexis program was verified on all computers; officers and detainees were interviewed; and policy and the detainee handbook were reviewed. Detainee have the opportunity to research their legal status and are provided the necessary equipment and materials.

In order to provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with disabilities. This is achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the Standard.

For detainees with limited English proficiency, all written materials provided are generally translated into Spanish. Oral interpretation or assistance is provided to any detainee who speaks another language into which written material has not been translated or who is illiterate.

According to the library coordinator, an ICE officer determines acceptance of outside published materials into the law library based on usefulness of the materials and space limitations. The ICE officer notifies the submitter if materials are declined. Although the library contains some hard copy legal reference books, the LexisNexis is the primary resource for ICE detainees. Per policy, requests for unpublished outside material to be placed in the law library requires approval of the FOD. When outside persons and organizations are permitted to submit legal materials for inclusion in the law library which are in a language other than English, an English translation is provided. No requests for inclusion of outside materials have been received during the previous twelve months.



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2018-ICLI-00023 6645

| STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| Detainees obtain photocopies for a legal proceeding by sending a request to the law library coordinator. These requests are denied only if the document poses a security risk, threat to orderly operations, violation of any law or regulation and/or the request is clearly abusive or excessive. There have been no photocopying request denials in the last twelve months.<br><br>Detainees are provided free envelopes and stamps for domestic mail related to their legal matters and for correspondence to a legal representative, a potential legal representative or any court. Requests to send international mail are reviewed by the mailroom supervisor and approved on a case-by-case basis. International mail to consulates or for other legal purposes are routinely approved.<br><br>The detainee handbook and postings in the housing units provide law library information, including rules, procedures, hours, information on how to request additional time in the law library, and how to access legal materials, how to request materials not included in the library, and how to report missing or damaged material.<br><br>Detainees interviewed in various housing units stated that they had no issue gaining access to the law library or legal materials. One detainee in the law library stated that fifteen hours per week is not enough "library time". The law library is available from 6:30 a.m. until 10:00 p.m. Monday through Friday. The other detainees expressed satisfaction with the legal access and availability of ICE officers. Detainees are permitted library time at the optimum level of fifteen hours per week. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printe** (b)(6),(b)(7)(C) | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

## STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS (Key: AL)

This detention standard protects detainees' rights by providing all detainees access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Standard N/A

**Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 1. If upon notification by the Field Office Director that a group presentation on legal rights has been approved, the facility administrator shall telephone the listed contact person to arrange a mutually acceptable date and time for the presentation according to the standard. | Meets Standard | Catholic Charities from Atlanta has been approved to provide legal rights group presentations four days a week. |
| 2. PRIORITY: At least 48 hours before a scheduled presentation, facility staff shall in each housing unit prominently display the informational posters provided by the presenter, and provide a sign-up sheet for detainees who plan to attend. Detainees that fail to sign up shall not be deprived of the opportunity to attend a presentation for that reason.<br>The facility shall ensure that presentations are open to all detainees, regardless of the presenter's intended audience, except when a particular detainee's attendance would pose a security risk. Detainees in segregation are notified in advance of a presentation and provided the opportunity to attend. If the attendance of a detainee in segregation would pose a security risk, facility staff shall make arrangements with the presenters to offer a separate presentation and individual consultation to the detainee. | Meets Standard | Policy and practice address all of the component requirements. |
| 3. One or more legal assistants may help with a presentation. | Meets Standard | |
| 4. The presenters ordinarily will have at least one hour for the presentation and additional time for a question-and-answer session. ICE/ERO and/or facility staff may observe and monitor presentations, assisted by interpreters as necessary. ICE/ERO and facility personnel will not interrupt a presentation, except for security purposes or if the allotted time has expired. | Meets Standard | Presentations typically last one hour followed by time for questions and answers. An officer will observe the presentation but will not interrupt except for security purposes. |
| 5. If approved in advance by ICE/ERO, presenters may distribute brief written materials that inform detainees of U.S. immigration law and procedure. The request for approval of a presentation must list any published or unpublished materials proposed for distribution, and the requestor must provide a copy of any unpublished material, with a cover page. | Meets Standard | |



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## STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS (Key: AL)

This detention standard protects detainees' rights by providing all detainees access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Standard N/A

**Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")**

| Components | Rating | Remarks (1000 Char Max) |
|---|---|---|
| 6. Following a group presentation, the facility shall permit presenters to meet with small groups of detainees to discuss their cases as long as meetings do not interfere with facility security and orderly operations. | Meets Standard | According to the compliance officer, presenters meet with detainees to discuss their cases. The meetings do not interfere with security and orderly operations. |
| 7. The facility may discontinue or temporarily suspend group presentations by any or all presenters, if they:<br>• Pose an unreasonable security risk;<br>• Interfere substantially with the facility's orderly operation;<br>• Deviate materially from approved presentation materials or procedures; or if<br>• The facility is operating under emergency conditions. | Meets Standard | Policy addresses all aspects of this component. There have been no suspensions during the inspection period. |
| 8. PRIORITY: If ICE/ERO approves an electronic presentation submitted by qualified individuals or organizations, the facility shall provide regularly scheduled and announced opportunities for detainees in the general population to view or listen to the electronic presentation(s).<br>Each facility shall present only ICE/ERO-approved electronic presentations on detainee legal rights. | Meets Standard | According to the ICE officer, there have been no electronic presentation requests submitted during the inspection period. The ICE Know Your Rights video is shown to all new admissions. |
| 9. The facility shall also provide detainees in administrative or disciplinary segregation for more than one week with at least one opportunity to view pre-approved presentation(s) during their placement in segregation, unless precluded by security concerns regarding a particular detainee. | Meets Standard | |
| 10. The facility shall maintain electronically-formatted presentations and equipment in good condition. | Meets Standard | |

## STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS – Reviewer Summary

*(Use following format for dates: mm/dd/yyyy)*

**Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Detainees are provided access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures. Catholic Charities of Atlanta provides legal rights group presentations four days per week. Presentations are approved and scheduled in advance. All detainees are provided the opportunity to participate in the presentations. Evaluation of the standard was based on observation of the group presentation, posters announcing the presentations and documentation of ICE authorization for the presentations. The presentation is conducted in a private environment conducive to the presentation and is consistent with the security and good order of the facility.



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| STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| In order to provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with disabilities. This is achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the Standard. The legal rights presentations are available in English and Spanish. Other translation services are provided for detainees who speak other languages. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printe** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

# *Section VII: ADMINISTRATION & MANAGEMENT*

**Detention Files**
**News Media Interviews and Tours**
**Staff Training**
**Transfer of Detainees**



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2018-ICLI-00023 6650

| STANDARD 7.1. DETENTION FILES (Key: AM) | | |
|---|---|---|
| This detention standard contributes to efficient and responsible facility management by maintaining, for each detainee booked into a facility for more than 24 hours, a file of all significant information about that detainee. This standard also addresses security for electronic files. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. For every new arrival whose stay will exceed 24 hours, a designated officer shall create a detainee detention file. | Meets Standard | |
| 2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process. | Meets Standard | Detention files were reviewed. Documents and forms generated during the admissions process were observed in the files. |
| 3. The detention files are located and maintained in a secured area. | Meets Standard | The files are secured in locked cabinets in the records office. This office is locked when not occupied. Detainees do not have access to the records office. |
| 4. Each detention file remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation. | Meets Standard | The inactive files contained completed checklists, closed-out receipts for property and valuables and release documents. |
| 5. At a minimum, a logbook entry recording the file's removal from the cabinet shall include:<br>• The detainee's name and A-File number;<br>• Date and time removed;<br>• Reason for removal;<br>• Signature of person removing the file, including title and department;<br>• Date and time returned; and<br>• Signature of person returning the file. | Meets Standard | The detention file sign-out log contains all of the information required by this component. |
| 6. Electronic record-keeping systems and data are protected from unauthorized access. | Meets Standard | The electronic record-keeping system and data are password protected to prevent unauthorized access. |

| STANDARD 7.1. DETENTION FILES – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)* |
| An inspection of the detention file storage area and a review of several detention files, both active and archived, confirmed that a detention file is created for each newly admitted detainee during the intake process and that the files contained the required documentation. Detention files are stored in secure cabinets in the records office. Detainees have no access to the records office.<br><br>The OIC ensures that the intake unit has all necessary supplies and equipment to perform intake tasks. All equipment is maintained in good working order. Defective and extra copies of all forms and documents generated during the admissions process are disposed of properly. |

| STANDARD 7.1. DETENTION FILES – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| The ICE officers and compliance officer confirmed that A-files are not maintained at the facility. Inactive detention files are maintained by the facility for three years. Approved personnel have access to detention files on an as needed basis and for official purposes only. Information may only be released to an outside third party when the detainee has signed a release of information consent form consistent with state and federal regulations and ICE has approved the request. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 7.2. INTERVIEWS AND TOURS (Key: AN) | | |
|---|---|---|
| This detention standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. Interviews by reporters, other news media representatives, non-governmental organizations, academics, and parties not included in other visitation categories in the Detention Standard on Visitation shall be permitted access to facilities only by special arrangement and with prior approval of the respective ICE/ERO Field Office Director. | Meets Standard | All requests for interviews and tours from the media, non-governmental organizations, academics and parties not included in other visitation categories must be approved by the ICE public information office and the FOD. |
| 2. News media organizations shall abide by the policies and procedures of the facility being visited or toured. Media representatives must obtain advance permission from the facility administrator and FOD before taking photographs in or of any facility. The facility administrator shall advise both media representatives and detainees that use of any detainee's name, identifiable photo, or recorded voice requires his or her prior permission. | Meets Standard | All news media representatives must receive authorization from the FOD prior to interviewing a detainee, taking photographs or making electronic recordings. Media personnel must abide by facility policy. |
| 3. Media representatives shall obtain a signed release from the detainee before photographing or recording his or her voice. The original of the form is to be filed in the detainee's A-file with a copy in the facility's Detention File. | Meets Standard | A detainee must sign a release for any photographing or voice recording. Copies of the release are placed in the A-file and detention file. |
| 4. Detainees should not be pressured or coerced out of granting a personal interview request, nor should the facility in any way retaliate against a detainee for lawful communication with a member of the media or a member of the public. | Meets Standard | |
| 5. A press pool may be established when the Public Affairs Officer, Field Office Director and facility administrator determine that the volume of interview requests warrants such action. | Meets Standard | The ICE officer confirmed that a public information officer assigned to the field office is responsible for establishing press pools. |
| 6. If a tour or visit by a non-governmental organization or other stakeholders is approved by ICE/ERO, the facility shall post both the ICE sign-up sheet and the ICE stakeholder tour/visit notification flyer at least 48 hours in advance of the tour or visitation in appropriate locations (e.g. message boards, housing areas). Facility staff permit NGO or stakeholder access to pre-identified detainees and/or detainees who have signed up in advance to speak with the stakeholder. | Meets Standard | |

| STANDARD 7.2. INTERVIEWS AND TOURS – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |



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2018-ICLI-00023 6653

| STANDARD 7.2. INTERVIEWS AND TOURS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>A review of policy and procedures and interviews with the chief of security, compliance officer and ICE officers confirmed that the public and the media are informed of events within the facility's area of responsibility through interviews and tours. The privacy of detainees and staff, including the right of a detainee not be photographed or recorded, is protected. Media representatives, media visitors, tours, personal interviews, press pools and visits by NGOs are all coordinated and approved by ICE officials.<br><br>Access is not denied based on the political or editorial viewpoint of the requestor. Prior to the tour, the OIC or designee, or ICE official explains the terms and guidelines of the tour to the visitors. | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 7.3. STAFF TRAINING (Key: AO) | | |
|---|---|---|
| This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers with appropriate assessment measures. | Meets Standard | Policy and procedure establish a comprehensive training program for staff, contractors and volunteers that includes initial training and orientation and assessment measures. |
| 2. The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives. | Meets Standard | |
| 3. At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, training personnel complete a 40-hour training-for-trainers course. | Meets Standard | The learning and development manager has completed the 40-hour training-for-trainer's course. |
| 4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator. | Meets Standard | The OIC has approved the 2017 training plan. |
| 5. Training shall be conducted by trainers certified in the subject matter. | Meets Standard | |
| 6. Each trainee shall be required to pass a written or practical examination to ensure the subject matter has been mastered. | Meets Standard | |
| 7. The formal training received by each trainee shall be fully documented in permanent training records. | Meets Standard | The training received by each staff is documented and maintained in both hard copy and electronic versions. |



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2018-ICLI-00023 6655

| STANDARD 7.3. STAFF TRAINING (Key: AO) | | |
|---|---|---|
| This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 8. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:<br>• ICE/ERO detention standards<br>• Cultural and language issues, including requirements related to limited English proficient detainees<br>• Requirements related to detainees with disabilities and special-needs detainees<br>• Code of ethics<br>• Drug-free workplace<br>• Emergency plans and procedures<br>• Signs of suicide risk, suicide precautions, prevention, and intervention<br>• Use of force<br>• Key and lock control<br>• Tour of the facility<br>• Staff rules and regulations<br>• Sexual abuse/sexual misconduct awareness and reporting<br>• Hostage situations and staff conduct if taken hostage | Meets Standard | Each new employee, contractor and volunteer receive the bulleted training elements listed during initial and annual training. The orientation training is completed prior to the employee, contractor or volunteer assuming their duties. |
| 9. Employees and contractors who have minimal detainee contact and no significant responsibilities involving detainees receive initial and annual training that includes:<br>• ICE/ERO detention standards update<br>• Cultural and language issues including requirements related to limited English proficient detainees<br>• Requirements related to detainees with disabilities and special needs detainees<br>• Code of ethics<br>• Staff rules and regulations<br>• Key and lock control<br>• Signs of suicide risk, suicide precautions, prevention, and intervention<br>• Drug-free workplace<br>• Health-related emergencies<br>• Emergency plans and procedures<br>• Sexual abuse and sexual misconduct awareness<br>• Hostage situations and staff conduct if taken hostage | Meets Standard | Employees and contractors who have minimal contact or responsibilities over detainees receive the bulleted training elements of this component during initial and annual training. |



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| STANDARD 7.3. STAFF TRAINING (Key: AO) | | |
|---|---|---|
| This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 10. Professional and support employees (including contractors) who have regular or daily detainee contact will receive initial and annual training on the following subjects, at a minimum:<br>• ICE/ERO detention standards<br>• Cultural and language issues including requirements related to limited English proficient detainees<br>• Requirements related to detainees with disabilities and special needs detainees<br>• Security procedures and regulations<br>• Sexual harassment and sexual misconduct awareness (including the contents of Standard 2.11)<br>• Appropriate conduct with detainees<br>• Code of Ethics<br>• Health-related emergencies<br>• Drug-free workplace<br>• Supervision of detainees<br>• Signs of hunger strike<br>• Signs of suicide risk, suicide precautions, prevention, and intervention<br>• Use-of-force regulations<br>• Hostage situations and staff conduct if taken hostage<br>• Report writing<br>• Detainee rules and regulations<br>• Key and lock control<br>• Rights and responsibilities of detainees<br>• Safety procedures<br>• Emergency plan and procedures<br>• Interpersonal relations<br>• Communication skills<br>• Cardiopulmonary resuscitation (CPR)/First aid<br>• Counseling techniques | Meets Standard | Professional and support employees, including contractors, having daily or regular detainee contact are provided initial and annual training that addresses the elements listed in this component. |



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2018-ICLI-00023 6657

| STANDARD 7.3. STAFF TRAINING (Key: AO) | | |
|---|---|---|
| This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 11. Full-time health care employees receive, in addition to the training areas above, instruction in the following:<br>• Medical grievance procedures and protocols<br>• Emergency medical procedures<br>• Occupational exposure<br>• Personal protective equipment<br>• Bio-hazardous waste disposal<br>• Overview of the detention operations. | Meets Standard | In addition to the required training for professional and support employees, all training subjects listed are included in the training for health care staff. |
| 12. Security personnel will receive, in addition to the training areas above, training on the following subjects, at a minimum:<br>• Searches of detainees, housing units, and work areas<br>• Self-defense techniques<br>• Use-of-force regulations and tactics | Meets Standard | In addition to basic orientation training, all officers receive training on all the bulleted training components. |
| 13. Situation Response Teams (SRTs) receive:<br>• Specialized training before undertaking their assignments. | Meets Standard | The facility's SRT members receive specialized training before undertaking their assignments. |
| 14. PRIORITY: Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use -- before being assigned to a post involving their possible use.<br>All personnel authorized to use firearms demonstrate competency in their use at least annually. | Meets Standard | Staff authorized to carry firearms receive specific training in the use, safety, care and constraints on the use of those firearms before being assigned to a post involving their possible use. All staff authorized to use firearms must demonstrate competency annually. |
| 15. PRIORITY: Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use. | Meets Standard | Staff authorized to use chemical agents receive training in the use of the chemical agent and in the decontamination of individuals exposed to the chemical agent prior to being assigned to a post involving its possible use. |

| STANDARD 7.3. STAFF TRAINING – Reviewer Summary |
|---|
| *(Use following format for dates: mm/dd/yyyy)* |
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)* |
| The training plan ensures staff, contractors and volunteers are provided appropriate orientation, initial training and annual refresher training. Training is designed to provide staff, contractors and volunteers with appropriate training prior to entering the facility and having contact with detainees. Subsequent annual refresher training is provided. Evaluation of this standard was based on a review of the training policy; interviews with the learning and development manager; a review of training records; and a review of the training curriculums. |



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2018-ICLI-00023 6658

| STANDARD 7.3. STAFF TRAINING – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| | |
| **Overall Rating:** Meets Standard | |
| **Reviewer Name (Printed):** (b)(6);(b)(7)(C) [redacted] | **Completion Date:** 05/04/2017 |
| **Reviewer Signature (for printed form submission):** | |

| STANDARD 7.4. DETAINEE TRANSFERS (Key: AP) | | |
|---|---|---|
| This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 1. The sending facility ensures that:<br>• Specific plans and time schedules are not discussed with the detainee prior to transfer.<br>• The detainee is notified of the transfer immediately prior to departing the facility, in a language or manner he/she can understand.<br>• The detainee is not permitted to make or receive any phone calls, or have contact with any detainee in the general population, until he/she reaches the destination facility. | Meets Standard | According to the ICE officers, plans and time schedules are not discussed with the detainee prior to transfer. The detainee is notified of the transfer by ICE immediately prior to departing the facility, in a language that he can understand. The detainee is moved to the intake/release area pending transfer and does not have any contact with other detainees in the general population. The detainee is not permitted to make or receive any telephone calls. |
| 2. The sending facility shall ensure that the detainee acknowledges at the time of transfer, in writing, that:<br>• He or she has received the transfer destination information;<br>• It is his or her responsibility to notify family members if so desired, upon admission into the receiving facility; and<br>• He or she may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility. | Meets Standard | The releasing officer provides the detainee with a written transfer notification that includes the required information. The ICE officer confirmed that the detainee may place a telephone call, at no expense to the detainee, upon admission to the receiving facility. |
| 3. A detainee may not be transferred from any facility without the appropriate Form I-203 or I-216 or equivalent authorizing the detail. | Meets Standard | |
| 4. The facility health care provider shall be notified sufficiently in advance of the transfer that medical staff may determine and provide for any associated medical needs. | Meets Standard | |



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2018-ICLI-00023 6660

| STANDARD 7.4. DETAINEE TRANSFERS (Key: AP) | | |
|---|---|---|
| This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 5. When a detainee is transferred within the ICE Health Service Corps (IHSC) system, ICE/ERO shall ensure that:<br>• Form USM-553, or equivalent Medical Transfer Summary, and a copy of the detainee's full medical record accompanies the detainee; and<br>• The full medical record is placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."<br>When a detainee is transferred to an IGSA detention facility, the sending facility shall ensure that the Transfer Summary accompanies the detainee. A copy of the full medical record must accompany each detainee during transfer unless extenuating circumstances make this impossible, in which case the full medical record will follow as soon as practicable. | Meets Standard | Component requirements are included in policy and practice. |
| 6. The sending facility's medical staff shall prepare a Transfer Summary that must accompany the transferee. Either the USM 553 Form or a facility-specific form may be used, provided it shows:<br>TB clearance, including PPD with the test dates, and Chest x-ray results if the detainee has received a positive PPD reading;<br>Current mental and physical health status, including all significant health issues;<br>Current medications, with specific instructions for medications that must be administered en route;<br>Any pending medical or mental health evaluations, tests, procedures, or treatments for a serious medical condition scheduled for the detainee at the sending facility; and<br>The name and contact information of the transferring medical official. | Meets Standard | The transfer summary prepared by the medical staff includes all of the component requirements. |
| 7. Transportation staff may not transport a detainee without the required Transfer Summary, which is essential for detainee safety while in transit. | Meets Standard | A transfer summary is completed for each detainee and provided to the transport officers. |
| 8. Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility shall notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator shall notify ICE/ERO of any medical/psychiatric alerts or holds placed on a detainee that is to be transferred. | Meets Standard | |



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2018-ICLI-00023 6661

| STANDARD 7.4. DETAINEE TRANSFERS (Key: AP) | | |
|---|---|---|
| This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property. | | |
| **Components** | **Rating** | **Remarks** (1000 Char Max) |
| 9. If a detainee has been placed in a medical hold status, the detainee must be evaluated and cleared by a licensed independent practitioner prior to transfer. If the evaluation indicates that transfer is medically appropriate but that health concerns associated with the transfer remain, medical staff at the sending facility shall notify ICE and shall provide ICE requested information and other assistance, to the extent practicable, to enable ICE to make appropriate transfer determinations. | Meets Standard | |
| 10. PRIORITY: Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit.<br>Detainees shall be transferred with, at a minimum, 7 days' worth of prescription medications (TB medications, a 15 day supply) to ensure continuity of care throughout the transfer and subsequent intake process.<br>Medications shall be:<br>• Placed in a property envelope with the detainee's name and A-number, and appropriate administration instructions, on it,<br>• Accompany the transfer, and<br>• If unused, be turned over to the receiving medical personnel. | Meets Standard | Medical personnel provide the transportation officer with instructions on a need-to-know basis. Detainees are transferred with a minimum seven-day supply of any prescription medications and/or, if applicable, a minimum 15-day supply of TB medications. Medications are placed in a properly marked envelope which accompanies the transfer. Unused medication is turned over to the receiving medical personnel. |
| 11. Before transfer, the sending facility shall return all funds and small valuables to the detainee and close out all forms G-589 (or local IGSA funds and valuables receipts) in accordance with the Detention Standard on Funds and Personal Property. | Meets Standard | |
| 12. After admission into the receiving facility or Field Office, all detainees must be given the documented opportunity to make one domestic three-minute phone call at no cost to the detainee. The responsible processing supervisor or his/her designee shall ensure that the detainee is promptly informed that he/she may notify interested persons of the transfer. | Meets Standard | According to the ICE officer, the component requirements are permitted. |

**STANDARD 7.4. DETAINEE TRANSFERS – Reviewer Summary**

*(Use following format for dates: mm/dd/yyyy)*

| STANDARD 7.4. DETAINEE TRANSFERS – Reviewer Summary<br>*(Use following format for dates: mm/dd/yyyy)* | |
|---|---|
| **Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*<br>Transfers are approved and processed with consideration for the safety and security of the staff, detainees and the public. Policy and procedures address notifications, detainee records and the protection of detainee funds and property.<br><br>In order to provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with disabilities. This may be achieved through bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the Standard.<br><br>To evaluate this standard, facility policy, post orders and procedures were reviewed; releasing officers, ICE officers, supervisors, and unit managers were interviewed. | |
| **Overall Rating:** Meets Stan(b)(6);(b)(7)(C) | |
| **Reviewer Name (Printed):** [redacted] | **Completion Date:** 5/4/2017 |
| **Reviewer Signature (for printed form submission):** | |

## *DOCUMENT CHECK*

The document check should be run upon completion of the review form and PRIOR to submission to DHS-ICE. This check will help ensure the form is ready for upload to DHS-ICE systems. Errors indicate issues were found with specific data entered into the form. Items Not Rated indicate there were line items found on the form which remain in a "Not Rated" status. This action will also update the table of contents.

**The check will take several minutes to complete, during which the screen will flash.**

| **Review Document Issue Summary** | **Ratings check complete.** | | | |
|---|---|---|---|---|
| **Check Document:** Run Check | **Error(s) Found:** | **0** | **Items Not Rated:** | **0** |

**Errors:**

**No Errors Found**

**Items Not Rated:**

**All Items Rated**

*Run Indicator:* ☒



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2018-ICLI-00023 6664

**A. Type of Facility Reviewed**

- ☐ **ICE Service Processing Center**
- ☐ **ICE Contract Detention Facility**
- ☒ **ICE Intergovernmental Service Agreement**

**B. Current Inspection**

Type of Inspection
☐ Field Office ☒ HQ Inspection

Date[s] of Facility Review
05/02/2017 to 05/04/2017

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review
04/26/2016 to 04/28/2016

Previous Rating
☒ Meets Standards ☐ Does Not Meet Standards

**D. Name and Location of Facility**

Name
Stewart Detention Center

Address (Street and Name)
146 CCA Road

City, State and Zip Code
Lumpkin, GA 31815

County
Stewart

Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
(b)(6);(b)(7)(C) Warden

Telephone (Include Area Code)
229-838-(b)(6);(b)(7)(C)

Field Office / Sub-Office (List Office with oversight responsibilities)
Atlanta

Distance from Field Office
119 miles

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)
(b)(6);(b)(7)(C) CI/Detainee Rights / Nakamoto Group

Name of Team Member / Title / Duty Location
(b)(6);(b)(7)(C) / Medical SME / Nakamoto Group

Name of Team Member / Title / Duty Location
(b)(6);(b)(7)(C) / Safety SME / Nakamoto Group

Name of Team Member / Title / Duty Location
(b)(6);(b)(7)( ecurity SME / Nakamoto Group

Name of Team Member / Title / Duty Location
(b)(6);(b)(7)(C) MC SME / Nakamoto Group

**F. CDF/IGSA Information Only**

| Contract Number | Date of Contract or IGSA |
|---|---|
| DROIGSA-06-00005 | 02/04/2016 |

Basic Rates per Man-Day
(b)(7)(E)

Other Charges: (If None, Indicate N/A)
(b)(7)(E)

Estimated Man-days Per Year
584,000

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:
ACA, NCCHC

☐ Check box if facility has no accreditation[s]

**H. Problems / Complaints (Copies must be attached)**

The Facility is under Court Order or Class Action Finding
☐ Court Order ☐ Class Action Order

The Facility has Significant Litigation Pending
☐ Major Litigation ☐ Life/Safety Issues

☒ Check if None.

**I. Facility History**

Date Built
Construction began in 1999; completed in 2004

Date Last Remodeled or Upgraded
N/A

Date New Construction / Bedspace Added
December 2006 to March 2007 - added bed space, courtrooms and intake area. May 2015 - added new ICE office building

Future Construction Planned
☐ Yes ☒ No Date:

| Current Bedspace | Future Bedspace (# New Beds only) |
|---|---|
| 1924 | Number: N/A Date: N/A |

**J. Total Facility Population**

Total Facility Intake for previous 12 months
10,072

Total ICE Mandays for Previous 12 months
626,665

**K. Classification Level (ICE SPCs and CDFs Only)**

| | L-1 | L-2 | L-3 |
|---|---|---|---|
| Adult Male | N/A | N/A | N/A |
| Adult Female | N/A | N/A | N/A |

**L. Facility Capacity**

| | Rated | Operational | Emergency |
|---|---|---|---|
| Adult Male | 1465 | 1924 | 2000 |
| Adult Female | N/A | N/A | N/A |

☐ **Facility holds Juveniles Offenders 16 and older as Adults**

**M. Average Daily Population**

| | ICE | USMS | Other |
|---|---|---|---|
| Adult Male | 1649 | N/A | N/A |
| Adult Female | N/A | N/A | N/A |

**N. Facility Staffing Level**

| Security: | Support: |
|---|---|
| (b)(7)(E) | |

## Significant Incident Summary Worksheet

For The Nakamoto Group to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

| ***Incidents*** | ***Description*** | Jan – Mar | Apr – Jun | Jul – Sept | Oct – Dec |
|---|---|---|---|---|---|
| Assault: Offenders on Offenders[1] | Types (Sexual[2], Physical, etc.) | P-7 | P-1<br>S-1 | P-5<br>S-3 | P-4<br>S-2 |
| | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 7 | 2 | 8 | 6 |
| Assault: Detainee on Staff | Types (Sexual Physical, etc.) | 0 | 0 | P-1 | P-1 |
| | With Weapon | 0 | 0 | 0 | 1 |
| | Without Weapon | 0 | 0 | 1 | 0 |
| Number of Forced Moves, incl. Forced Cell moves[3] | | 3 | 7 | 5 | 5 |
| Disturbances[4] | | 0 | 0 | 0 | 0 |
| Number of Times Chemical Agents Used | | 1 | 3 | 3 | 3 |
| Number of Times Special Reaction Team Deployed/Used | | 0 | 0 | 0 | 1 |
| # Times Four/Five Point Restraints applied/used | Number/Reason (M=Medical, V=Violent Behavior, O=Other) | 0 | 0 | 0 | 0 |
| | Type (C=Chair, B=Bed, BB=Board, O=Other) | 0 | 0 | 0 | 0 |
| Number of Times Canines Used in Facility | | 0 | 0 | 0 | 0 |
| Offender / Detainee Medical Referrals as a result of injuries sustained. | | 0 | 0 | 0 | 0 |
| Escapes | Attempted | 0 | 0 | 1 | 0 |
| | Actual | 0 | 0 | 0 | 0 |
| Grievances: | # Received | 53 | 60 | 83 | 47 |
| | # Resolved in favor of Offender/Detainee | 3 | 6 | 2 | 0 |
| Deaths | Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other) | 0 | 0 | 0 | 0 |
| | Number | 0 | 0 | 0 | 0 |
| Psychiatric / Medical Referrals | # Medical Cases referred for Outside Care | N/A | N/A | N/A | N/A |
| | # Psychiatric Cases referred for Outside Care | 4 | 2 | 3 | 3 |

[1] Any attempted physical contact or physical contact that involves two or more offenders

[2] Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

[3] Routine transportation of detainees/offenders is not considered "forced"

[4] Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

| DHS/ICE Detention Standards Review Summary Report | | | | | | |
|---|---|---|---|---|---|---|
| 1. Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable | | 1 | 2 | 3 | 4 |
| **PART 1 SAFETY** | | | | | |
| 1 | Emergency Plans | ☒ | ☐ | ☐ | |
| 2 | Environmental Health and Safety | ☒ | ☐ | ☐ | |
| 3 | Transportation (By Land) | ☐ | ☐ | ☐ | ☒ |
| **PART 2 SECURITY** | | | | | |
| 4 | Admission and Release | ☒ | ☐ | ☐ | |
| 5 | Classification System | ☒ | ☐ | ☐ | |
| 6 | Contraband | ☒ | ☐ | ☐ | |
| 7 | Facility Security and Control | ☒ | ☐ | ☐ | |
| 8 | Funds and Personal Property | ☒ | ☐ | ☐ | ☐ |
| 9 | Hold Rooms in Detention Facilities | ☒ | ☐ | ☐ | |
| 10 | Key and Lock Control | ☒ | ☐ | ☐ | |
| 11 | Population Counts | ☒ | ☐ | ☐ | |
| 12 | Post Orders | ☒ | ☐ | ☐ | |
| 13 | Searches of Detainees | ☒ | ☐ | ☐ | |
| 14 | Sexual Abuse and Assault Prevention and Intervention | ☒ | ☐ | ☐ | |
| 15 | Special Management Units | ☒ | ☐ | ☐ | |
| 16 | Staff-Detainee Communication | ☒ | ☐ | ☐ | |
| 17 | Tool Control | ☒ | ☐ | ☐ | |
| 18 | Use of Force and Restraints | ☒ | ☐ | ☐ | |
| **PART 3 ORDER** | | | | | |
| 19 | Disciplinary System | ☒ | ☐ | ☐ | |
| **PART 4 CARE** | | | | | |
| 20 | Food Service | ☒ | ☐ | ☐ | |
| 21 | Hunger Strikes | ☒ | ☐ | ☐ | |
| 22 | Medical Care | ☒ | ☐ | ☐ | |
| 23 | Personal Hygiene | ☒ | ☐ | ☐ | |
| 24 | Suicide Prevention and Intervention | ☒ | ☐ | ☐ | |
| 25 | Terminal Illness, Advance Directives, and Death | ☒ | ☐ | ☐ | |
| **PART 5 ACTIVITIES** | | | | | |
| 26 | Correspondence and Other Mail | ☒ | ☐ | ☐ | |
| 27 | Escorted Trips for Non-Medical Emergencies | ☐ | ☐ | ☐ | ☒ |
| 28 | Marriage Requests | ☒ | ☐ | ☐ | ☐ |
| 29 | Recreation | ☒ | ☐ | ☐ | |
| 30 | Religious Practices | ☒ | ☐ | ☐ | |
| 31 | Telephone Access | ☒ | ☐ | ☐ | |
| 32 | Visitation | ☒ | ☐ | ☐ | |
| 33 | Voluntary Work Program | ☒ | ☐ | ☐ | ☐ |
| **PART 6 JUSTICE** | | | | | |
| 34 | Detainee Handbook | ☒ | ☐ | ☐ | |
| 35 | Grievance System | ☒ | ☐ | ☐ | |
| 36 | Law Libraries and Legal Material | ☒ | ☐ | ☐ | |
| 37 | Legal Rights Group Presentations | ☒ | ☐ | ☐ | |
| **PART 7 ADMINISTRATION & MANAGEMENT** | | | | | |
| 38 | Detention Files | ☒ | ☐ | ☐ | |
| 39 | News Media Interviews and Tours | ☒ | ☐ | ☐ | |
| 40 | Staff Training | ☒ | ☐ | ☐ | |
| 41 | Transfer of Detainees | ☒ | ☐ | ☐ | |

## LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

| Lead Compliance Inspector: (Print Name) | (b)(6);(b)(7)(C) Signatur |
|---|---|
| (b)(6);(b)(7)(C) | |
| Title & Duty Location | Date |
| Lead Compliance Inspector, The Nakamoto Group, Inc. | 05/04/2017 |

**Team Members**

| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
|---|---|
| (b)(6);(b)(7)(C) Security SME, The Nakamoto Group, Inc. | (b)(6);(b)(7)(C) afety SME, The Nakamoto Group, Inc. |
| Print Name, Title, & Duty Location | Print Name, Title, & Duty Location |
| (b)(6);(b)(7)(C) Medical SME, The Nakamoto Group, Inc. | (b)(6);(b)(7)(C) QMC SME, The Nakamoto Group, Inc. |

**Recommended Rating:**

☒ **Meets Standards**
☐ **Does Not Meet Standards**

Comments: This inspection was conducted to determine overall compliance with the ICE Performance-Based National Detention Standards 2011 (42 standards), which include the following additions/changes to the standards listed on page three:

- Medical Care (Women), a new standard, was rated Not Applicable;
- Classification System is now titled Custody Classification System;
- Suicide Prevention and Intervention is now titled Significant Self-Harm and Suicide Prevention and Intervention;
- Escorted Trips for Non-Medical Emergencies is now titled Trips for Non-Medical Emergencies;
- News Media Interviews and Tours is now titled Interviews and Tours, and;
- Transfer of Detainees is now titled Detainee Transfer.

There were sixteen allegations of sexual assault or abuse during the inspection period: twelve detainee-on-detainee and four employee-on-detainee. Of the detainee-on-detainee allegations, eleven were unsubstantiated and one was substantiated. All four of the employee-on detainee allegations were unfounded. Documentation confirmed chain-of-command reporting, intervention and investigation. The substantiated allegation resulted in institutional discipline and placement in segregation.

There was one attempted escape. On 08/05/2016 at 1:48 p.m. a detainee ran towards the inner perimeter fence from recreation yard number two. The detainee climbed to the top of the fence and became entangled in the razor wire. An officer ordered the detainee to climb down and lay on the ground. The detainee refused to comply. The officer administered a burst of O.C.spray. The detainee fell to the ground and began to run between the fences. The officer again ordered the detainee to drop to the ground. The detainee refused to comply. The officer administered a second burst of O.C. spray. The detainee complied. Emergency response and medical staff arrived on-site. The detainee was placed in restraints and escorted to the medical department for an evaluation. Medical staff determined that the detainee required outside medical treatment for cuts. The detainee was transported to a hospital in Cuthbert, Georgia.

There were fourteen use-of-force incidents during this inspection period. There were eight calculated and six immediate use-of-force incidents. A review of documentation revealed that, with the exception of two incidents, all use-of-force incidents were conducted in accordance with established policy and procedures. Medical evaluations were conducted in all incidents and decontamination procedures were complied with in every case in which O.C. spray was administered. The six immediate use of force incidents were due to detainee fights or detainees refusing direct orders. The calculated use of force incidents were due to detainee failing to comply with instructions to exit his cell or housing unit.

In one of the calculated use-of-force incidents, the video camera was not loaded properly. As a result, there was no video to review. As a corrective measure, training on camera operation was provided. A review of documentation related to these incidents confirmed that all procedures, documentation, and medical examinations were completed as required by policy.

There were no deaths or serious suicide attempts during the inspection period. Officers are trained in confrontation avoidance and resort to use of force only after all other efforts have failed. Oleoresin capsicum (OC)/pepper spray is available for use to control detainees, if necessary. Acts and techniques such as neck restraints; using batons to apply choke holds; intentional baton strikes to head, groin, solar plexus, kidneys; and striking a detainee for failure to obey an order are prohibited. Only ICE approved restraint equipment is authorized to restrain detainees, and officers use ambulatory restraints where possible. The facility does not have Tasers on its equipment inventory. Canines are not brought into the facility.

The Nakamoto Group, Inc.

May 4, 2017

TO: (b)(6);(b)(7)(C)
Assistant Director for Detention Management

FROM: (b)(6);(b)(7)(C)
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: **Annual Detention Inspection of the Stewart Detention Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Stewart Detention Center, Lumpkin, GA during the period of May 2-4, 2017. This is a dedicated IGSA (DIGSA) facility.

The annual inspection was performed under the guidance of (b)(6);(b)(7)(C) Lead Compliance Inspector. Team Members were:

| Subject Matter Field | Team Member |
|---|---|
| Security | (b)(6);(b)(7)(C) |
| Detainee Rights | |
| Medical Care | |
| Safety | |
| QMC | |

**Type of Inspection**

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72 hour facilities. The facility received a previous rating of Meets Standards during the April 2016 inspection.

**Inspection Summary**

The Stewart Detention Center is currently accredited by:

- The American Correctional Association (ACA) – Yes
- The National Commission on Correctional Health Care (NCCHC) – Yes
- The Joint Commission (TJC) – No
- Prison Rape Elimination Act (PREA) – No

**Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2016 and 2017 PBNDS 2011 compliance annual inspections:



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| *2016 Annual Inspection* | |
|---|---|
| Meets Standards | 39 |
| Does Not Meet Standards | 0 |
| Repeat Deficiency | 0 |
| Not Applicable | 3 |

| *2017 Annual Inspection* | |
|---|---|
| Meets Standards | 39 |
| Does Not Meet Standards | 0 |
| Repeat Deficiency | 0 |
| Not Applicable | 3 |

The inspection team did not identify any deficient components.

**Facility Snapshot/Description**

The Stewart Detention Center, a DIGSA facility, is owned and operated by CoreCivic, formerly known as Corrections Corporation of America (CCA). The facility is located in a rural community approximately 141 miles south of Atlanta. The facility houses low, medium, medium-high and high custody adult male detainees. The facility has 1924 beds. The population count on the first day of the inspection was 1874. The average length of stay for a detainee is 66 days.

The Stewart Detention Center was opened in 2006. The 297,550 square foot facility includes seven units, three of which are dormitory style consisting of six pods each. Three units are of cellblock (linear) design and include three pods. Three pods in each cellblock unit contain between 40-44 cells. The restrictive housing unit consists of two pods with 40 cells each. Direct supervision is provided during the first and second shifts. Third shift officers provide indirect supervision. Detainees are afforded both indoor and outdoor recreation. Each dormitory has a large dayroom area equipped with tables, chairs, telephone banks, commissary kiosks, and televisions. Board games, puzzles, playing cards, x-box gaming systems, exercise and video game systems and movies are available. Outdoor activities include pull-up and sit-up stations, volleyball, basketball, handball, soccer and walking in the exercise areas.

The inspection team found the atmosphere to be calm with no obvious indicators of high stress levels. Supervisors and officers exhibited a professional demeanor in both attire and attitude. Interactions between officers and detainees were observed to be respectful and professional.

The facility does not charge co-pays for medical, mental health or dental care. Health services are provided by IHSC. Food service operations are provided via a contract with Trinity Services Group.

No less than 220 detainees were interviewed during the inspection. Interviews included LEP, detainees in administrative and disciplinary segregation, detainees in each housing unit, detainees working in food services, detainees participating in programs and services and confidential interviews. Detainee interviews yielded overall general satisfaction with living conditions, recreation, telephones, food services and medical care. Detainees did not express any concerns regarding life and/or safety issues. Cleanliness standards are average throughout the facility. During the inspection, 109 medical records were reviewed.



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**Areas of Concern/Significant Observations**

There were no areas of concern or significant observations.

**Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2011. No (0) standards were found Does Not Meet Standards and three (3) standards were Not Applicable (N/A). All remaining thirty-nine (39) standards were found to Meet Standards.

**LCI Assurance Statement**

The findings of Meets Standards and Does Not Meet Standards are accurately and completely documented on the G-324A Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – DFOD (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
- Facility Staff – Warden E (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Chief of Securit (b)(6);(b)(7)(C) Assistant Chief of Security (b)(6);(b)(7)(C) Chief of Unit Management (b)(6);(b)(7)(C) Secretary (b)(6);(b)(7)(C) .

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) Lead Compliance Inspector May 4, 2017

Printed Name of LCI Date



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**From:** (b)(6);(b)(7)(C)
**Sent:** 15 May 2017 06:36:57 -0400
**To:** (b)(6);(b)(7)(C)
**Cc:**
**Subject:** Request Copies of Recordings Related To Detainee's Death

Please provide IHSC a copy of all recordings that Core Civic has pertaining to the detainee's suicide on 5/15/2017.

Please contact me if you have any questions.

Thank you

(b)(6);(b)(7)(C) RN, C-APN
CAPT, U.S. Public Health Service
ICE Health Services Corps
Health Services Administrator
Stewart Detention Center
146 CCA Road
P.O. Box 248
Lumpkin, GA 3(b)(6);(b)(7)(C)
Cell: (202) 32
Fax: (866) 381-0255
(b)(6);(b)(7)(C)

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**From:** (b)(6);(b)(7)(C)
**Sent:** 16 May 2017 17:43:56 +0000
**To:** (b)(6);(b)(7)(C)
**Subject:** requested information

Hey sir, when you are able, can you provide me with the following information:

1. Contact name and info for the Consulate of Panama
2. JIMENEZ-JOSEPH's next of kin information
3. Website to refer the media to
4. Your work address and work contact # ?

I have to do an ID information sheet any time I speak to someone regarding a case, that's why I asked for #3.

Thank you for your help!

Thank you

(b)(6);(b)(7)(C)
GBI – Region 3
321 McMath Mill Road
Americus, GA 31719

229-931-(b)(6);(b) office)
229-931-2438 (fax)
229-815-(b)(6); (cell)

**From:** (b)(6);(b)(7)(C)
**Sent:** 15 May 2017 11:14:06 -0400
**To:** (b)(6);(b)(7)(C)
(b)(6);(b)(7)(C)
**Cc:** (b)(6);(b)(7)(C)
**Subject:** Requested Information- Detainee Death: JIMENEZ Joseph
**Importance:** High

Team, I need the following items for the Mortality Review of detainee IMENEZ Joseph. Please forward the items to CAPT (b)(6);(b)(7)(C) s and me as you have them completed.

1. The current staff schedule that covers the next month. (b)(6);(b)(7)(C) )
2. All EMS and hospital records when they become available (and scan into eCW when received). (b)(6)
(b)(6);(b)(7)(C)
3. All incident reports related to the significant incident(s) (e.g. medical and custody incident reports). (CAPT (b)(6);(b)(7)(C) & Core Civic)
4. All written statements related to the significant incident (e.g. witness statements written by medical and/or custody officers.) ((b)(6);(b)(7)(C and Core Civic (already requested from Core Civic).
5. Request hold on all personal property and all medications (CAPT (b)(6);(b)(7)(C & Dr. (b)(6); & Core Civic).
6. The autopsy report (if performed and when available; and scan into eCW when received). (LCDR Williams and CAPT (b)(6);(b)(7)(C)
7. The death certificate (when available; and scan into eCW when received). (LCDR (b)(6);(b)(7) and CAPT (b)(6);(b)(7)(C)
8. The name and contact information for your AFOD. (CAPT (b)(6);(b)(7)(C) ompleted).
9. Any rules/restrictions for visiting the facility. (Core Civic-CAPT (b)(6);(b)(7)(C) requested already)

Please advise as to the time frame you believe you may able to get these items to me. Please remember that we need these items sooner rather than later, thus if you provide a date to far out, please expect it to be adjusted. We should be able to accomplish 90 percent this week, except for maybe the autopsy and certificate of death.

Thank you

(b)(6);(b)(7)(C)
RN, C-APN
CAPT, U.S. Public Health Service
ICE Health Services Corps
Health Services Administrator
Stewart Detention Center
146 CCA Road
P.O. Box 248
Lumpkin, GA 31815
Cell: (202) 321-(b)(6);
Fax: (866) 381-0255
(b)(6);(b)(7)(C)

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**personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.**

**From:** (b)(6);(b)(7)(C)
**Sent:** Monday, May 15, 2017 10:12 AM
**T** (b)(6);(b)(7)(C)
**C**
**Subject:** Detainee Death: JIMENEZ Joseph

Sir,
First and foremost, I am so sorry for the loss at your facility. As you're aware, the IHSC Investigations Unit (IIU) conducts on-site mortality reviews for ICE detainee deaths. As a result of Mr. JIMENEZ Joseph (A204 603 723) unfortunate death, I have been assigned as the lead investigator to conduct the on-site review. I am hoping to schedule my visit within the next few weeks. I will also work closely with a Medical Quality Management Unit (MQMU) risk management specialist who will be coordinating the Root Cause Analysis (RCA). In turn, we will coordinate our investigations to minimize the interruptions of your day-to-day operations.

First, please ensure that all medical record documents are scanned into the detainee's medical record as soon as possible, e.g. MARs, consent/refusals, hospital/consultant records, etc.

Please send me a copy of the following information at your earliest opportunity:
1. The current staff schedule that covers the next month.
2. All EMS and hospital records when they become available (and scan into eCW when received).
3. All incident reports related to the significant incident(s) (e.g. medical and custody incident reports).
4. All written statements related to the significant incident (e.g. witness statements written by medical and/or custody officers.)
5. Request hold on all personal property and all medications
5. The autopsy report (if performed and when available; and scan into eCW when received).
6. The death certificate (when available; and scan into eCW when received).
7. The name and contact information for your AFOD.
8. Any rules/restrictions for visiting the facility.

Please let me know if you have any upcoming inspections or other events where an on-site visit during that time would strain the resources at your facility and I will do my best to visit around those timeframes. Also, I wanted to remind you that the ICE employee assistance program (EAP) is available for the staff, if needed. Their contact number is listed as (800) 222-(b)(6);(b)(7)(C) Feel free to contact me at any time.
Thank you in advance,

(b)(6);(b)(7)(C) MS, MSHS, FNP, LNC, CCHP
CAPT, USPHS
Senior Investigator
DHS/ICE/ERO/IHSC
Jacksonville FL 32258

Ofc: 904-288-(b)(6);(b)(7)(C)
Cell: 571-529
(b)(6);(b)(7)(C)

Treat Others As You Want To Be Treated!

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**From:** (b)(6);(b)(7)(C)
**Sent:** 19 May 2017 17:47:35 -0400
**To:** (b)(6);(b)(7)(C)
**Subject:** Requested Information
**Attachments:** Adult Physical Exam.pdf, Intake Screening Encounter- Comprehensive review.pdf, Pre-Screening and Intake Quick List.pdf

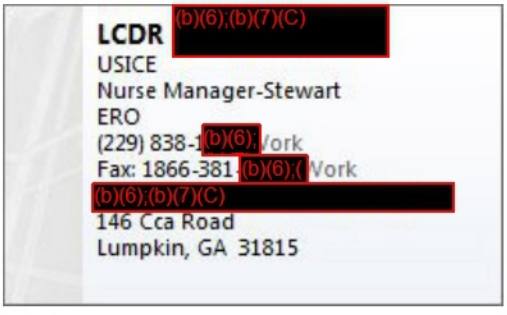
Good afternoon Sir,

As per our conversation, I've attached some of the documents that you've requested and find below the remainder of the information.

1. MEDICAL SCREENING PROCESS
   - Please see above attachment titled: "Pre-screening and Intake quick list and Intake Encounter- Comprehensive review."
2. VISITATION (Segregation Round)
   - The segregation round is made based on detainee's health status or acuity. The segregation visitation is made as follow:
     - Every shift (Routine Round)
     - Every two hours (e.g. suicidal detainees…)
     - Every four hours (e.g. Some detainees on mental health or medical observation).

Respectfully,
LCDR (b)(6);(b)(7)(C) RN, BSN, MSN
United States Public Health Service
Nurse Manager
**Department of Homeland Security**
**ICE Health Service Corps**
**Stewart Detention Center**
146 CCA Road
Lumpkin, GA 31815
Phone: 229-838-(b)(6);(b)(7)(C) (w)
229-838- (o)

U.S. Immigration and Customs Enforcement



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## Adult Physical Exam

**CheckIn** the patient in Clinical Visit Console. See: eCW Clinical Visit Console (CVC) Checkin and Checkout Process

View the Progress note by clicking on the Patient Name




The following **eClinical Works** window may populate, if the patient is currently on medications.

Click **Yes** to carry forward the patient's current medications.



Next, you will need to review the **Intake Screening** and the **Check x-ray**

A. From the **Progress Note** click the **Enc** drop down menu **1** and Find the **Intake** Progress Note**,** click on it **2**




Review Intake Note for pertinent medical history

To review the **Chest x-ray**:

A. Click on DI in the menu bar



The following **Diagnostic Imaging** window will populate

A. Double click on the X ray result you wish to open



The following **Diagnostic Imaging** window will populate

A. Review the Results
B. Close the window by clicking OK



Click  in upper right corner to close the **Diagnostic Imaging** window



You are now back to the Intake Encounter **Progress Note**
To go back to PE-Simple **Progress Note:**

A. Click on the Enc Drop Down Menu **1**
B. Find and click correct Encounter **2**



A. Go to **SF (Smart Form) Drop Down Menu 1**
B. Click on **PE: Adult 2**



A. The **PE Smart Form** will populate. This form will document **Subjective** information. Free-text boxes may be used when additional information is needed.

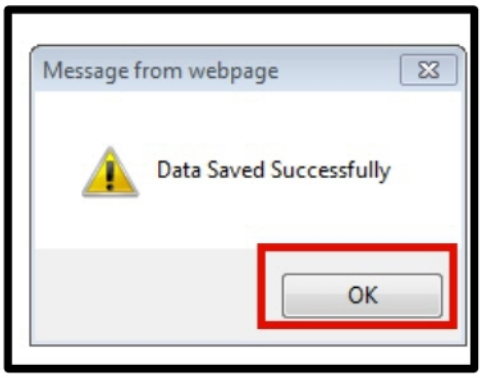
B. ***All*** questions must be answered, except OB history for males



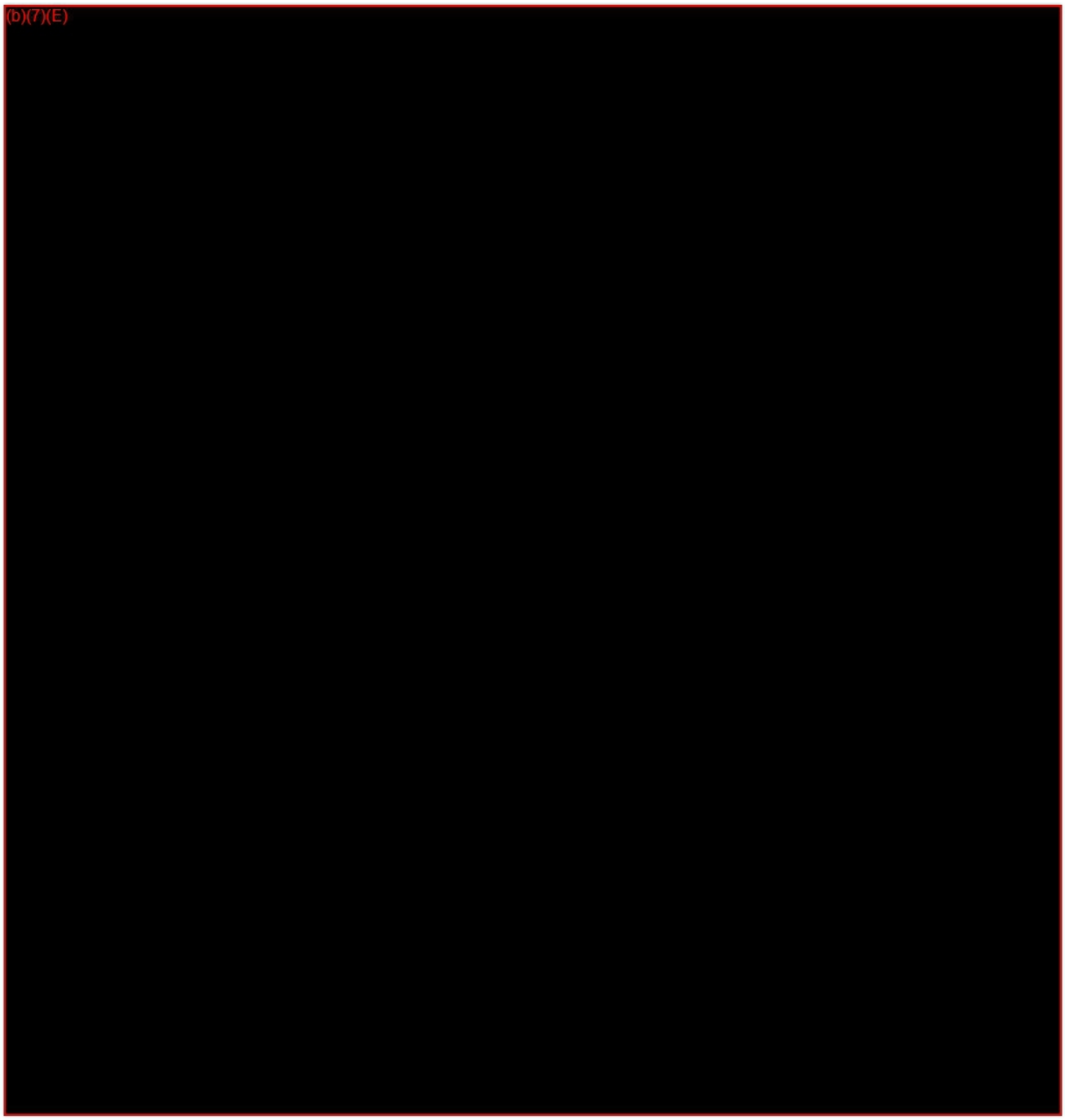
Click **Save** at the bottom of the Smart Form when complete




Click **OK** in the **Message from webpage** box to go back to the Encounter



The data from the Smart Form is now populated in the **Progress Note**



From the **Progress Note**, click on the **Blue Links** starting with **Medical History**



A. Review and verify the Medical Hx, when complete, or if detainee has no medical history, click in box next to **History Verified** **1**

B. Review andconfirm allergies
   a. If detainee has no history of allergies click box next to **N.K.D.A.** for *No Known Drug Allergies* **2**
   b. When complete click in the box next to **Allergies verified** **3**

C. Click **Surgical History Tab** to document Surgical History **4**



A. To document **Surgical History**, click the **Add Button 1**
B. Free Text Month/Year and Type of Surgery in Text Boxes **2**
C. Click on Surgical History Verified when complete **3**
D. Repeat the same process for **Hospitalization History 4**
E. Click **Family History Tab** to move to next window **5**



A. Add **Family Medical History** in window to include at a mimimum, Mother, Father, Brother, Sister, Children **1**

B. Click in box next to **Family History Verified 2**

C. Click  to return to the **Progress Note 3**

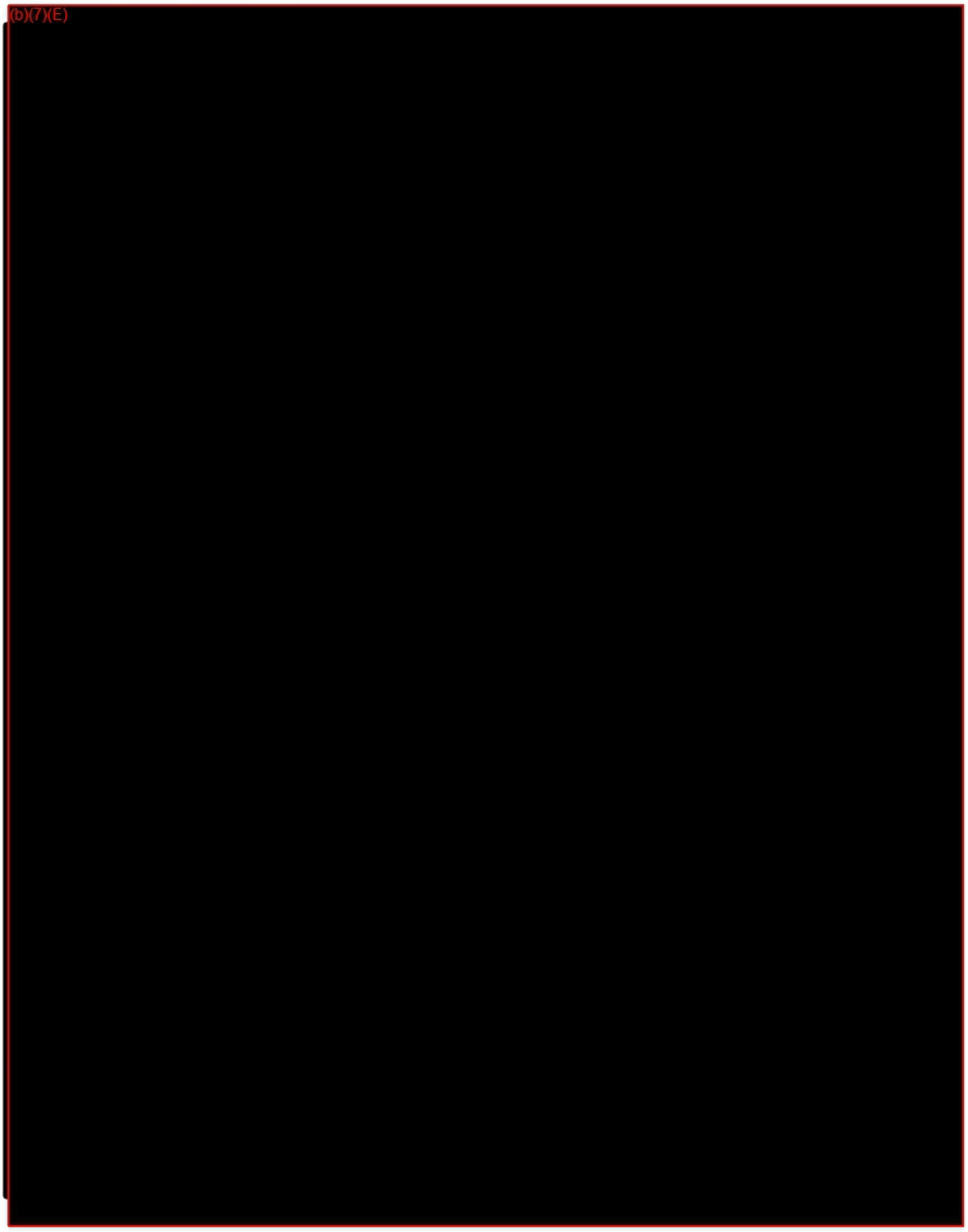


*For Females only*, document Gynecological History and Obstetrics History

Click on **Gyn History**



Click on **PE: Female-GYN**



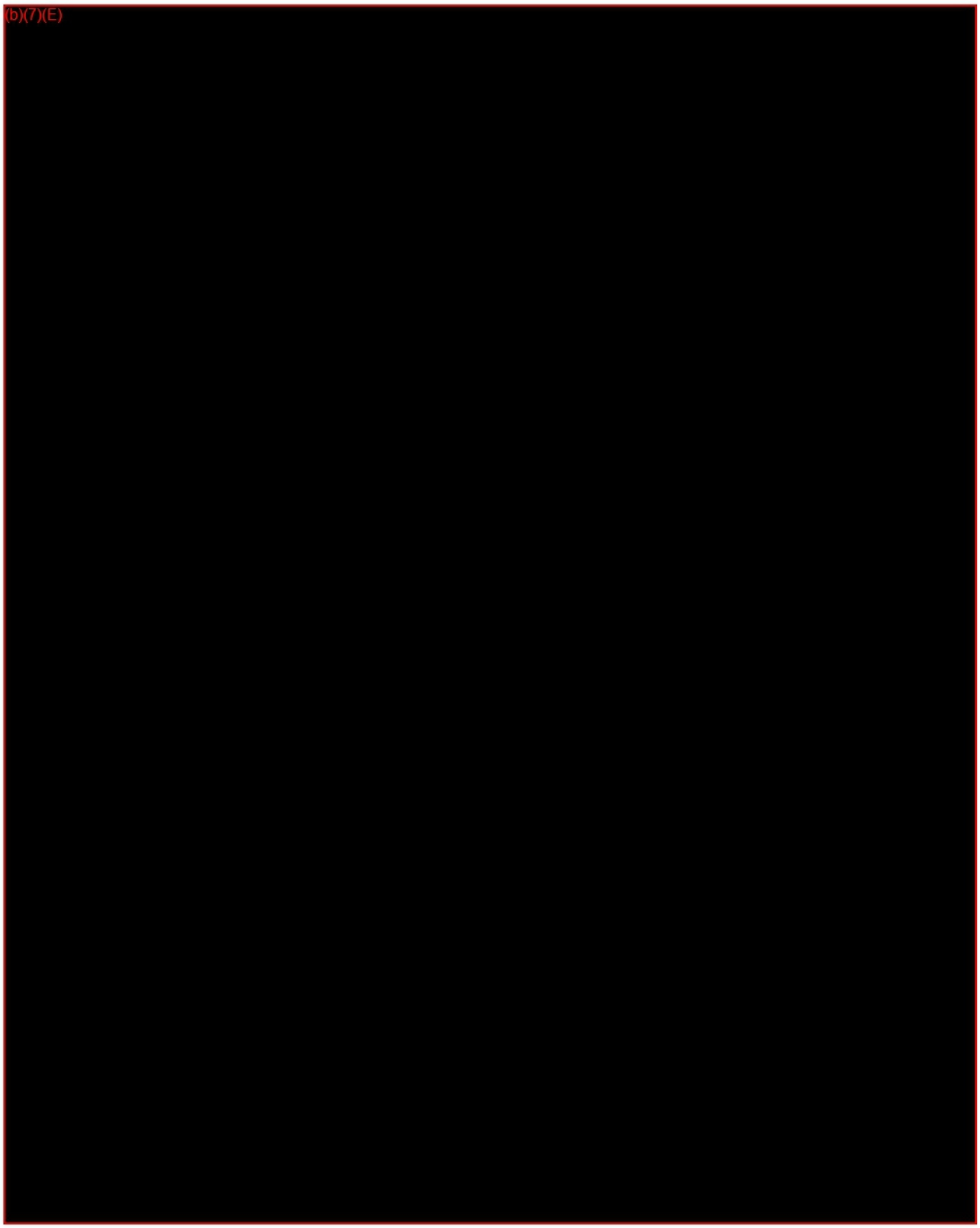
The following Gyn History Notes box will populate

Answer all questions in the Value **1** column. Utilize the Notes **2** box if necessary

Click Close **3** when complete



Click on the Notes section next to **PE: Female-OB**



The following box OB History Notes will populate

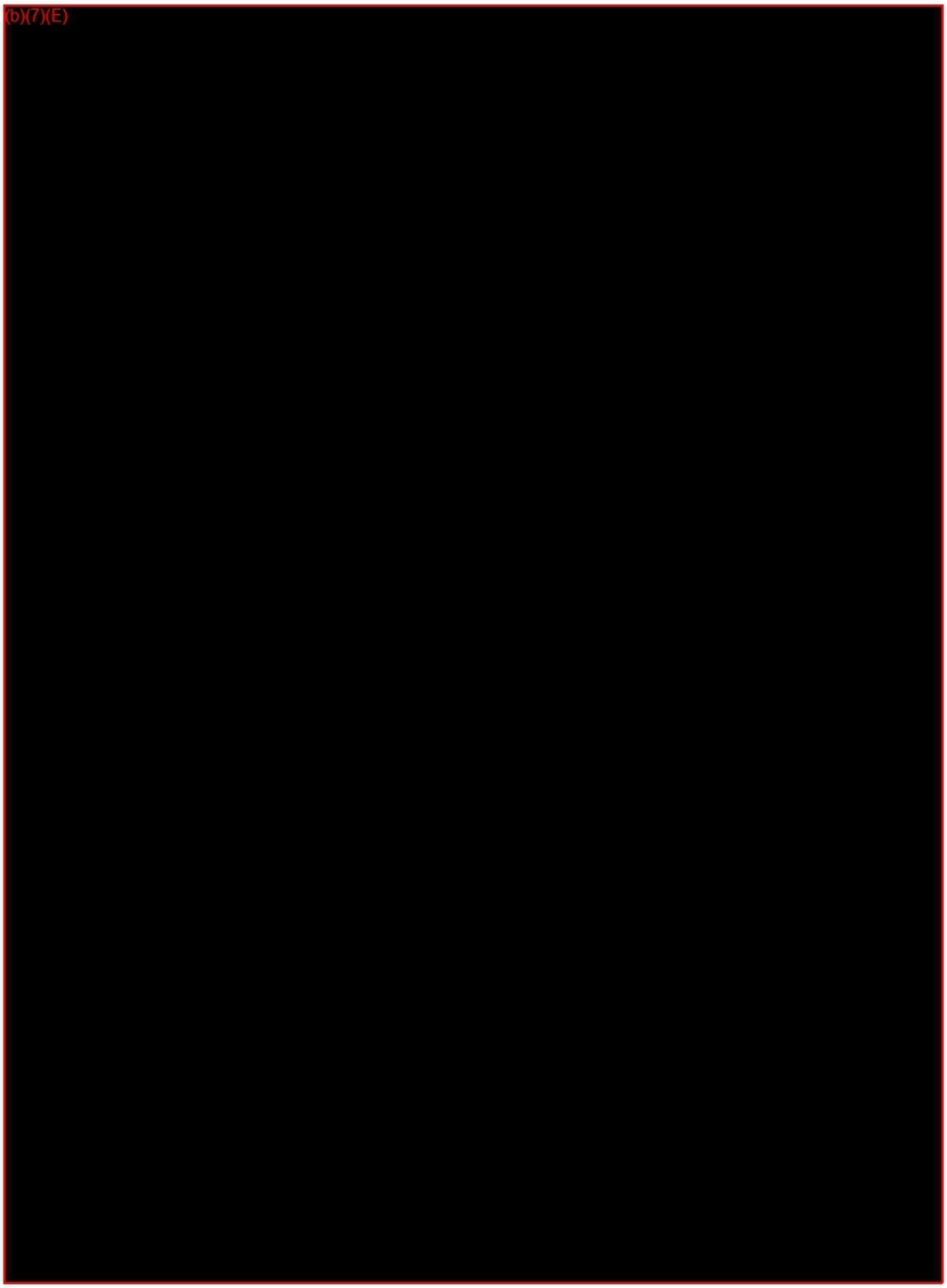
Answer all questions in the Value **1** column. Utilize the Notes **2** box if necessary

Click Close **3** when complete



If the patient reports any pregnancies, further information is required:

Click on the Notes section next to **Pregnancy # 1**



The following box OB History Notes will populate

A. Select from the **Options** on the left **1**.
B. The selection will move to the **Pregnancy #** column. **2**. You can also free text as needed.
C. Click OK **3** when complete



Click to return to the **Progress Note**



Document the Review of Symptoms by clicking on **ROS**



The following ROS window will populate

A. Click on the pertinent Review of Systems folder **1**
B. Complete each Symptom by documenting in the Notes box **2**




Click



Document Vital Signs by clicking on **Vitals**



The following **Vitals** window will populate

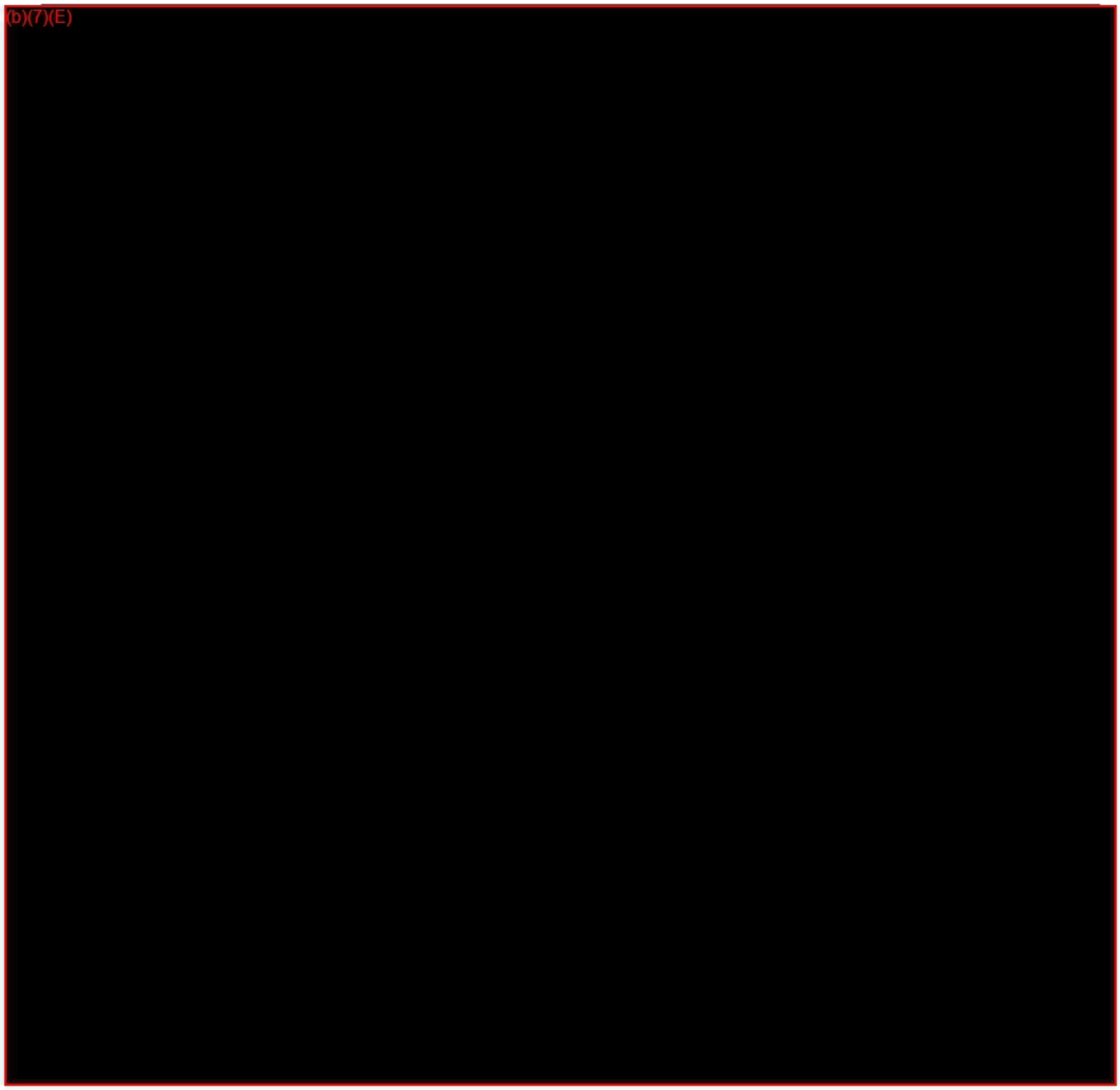
A. Enter all pertinent vital information in the appropriate boxes **1**
B. Click  to return to the **Progress Note 2**



Document the Physical Exam by clicking on **Examination**



To document findings, click in the Observation column next to each specific Field



The Examination Notes window will populate

A. Document examination findings by clicking choices on the left column **1** bringing them to the Notes field. **2** You can also free text in this field
B. Click OK to select the next examination section



Once all the Examinations Fields are complete, click  to return to the **Progress Note**



Under **Assessment** click on **Assessment**



The following Assessments window will populate

A. Type V70 in the search window **1**
B. Select Code V70.0 Diagnosis Routine general medical examination at health care facility **2**
C. The code and diagnosis will populate under **Selected Assessments 3**
D. Click to return to the **Progress Note 4**



Under **Plan**, click **Treatment**

A. The following **Treatment** window will populate

B. If necessary, order medications. See eCW Ordering Medications for step-by-step directions



To document Patient Education:

A. Click on the  button **1**

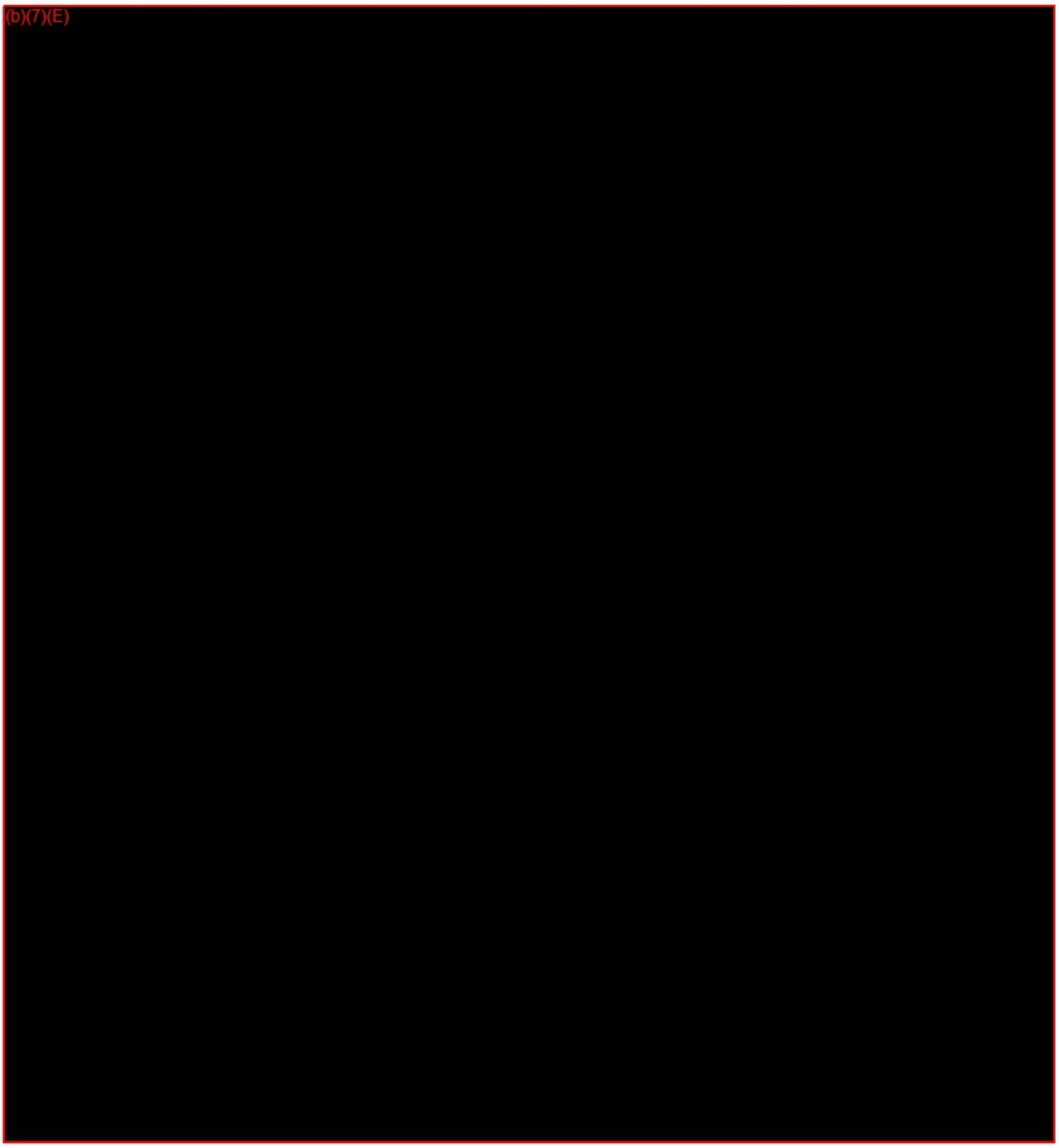



B. The following Order Sets box will populate **2**



A. Scroll down **1**

B. Select any **Patient Education** documents given to the patient **2**



C. Select all applicate **Notes 3**

D. When finished click **Order 4**



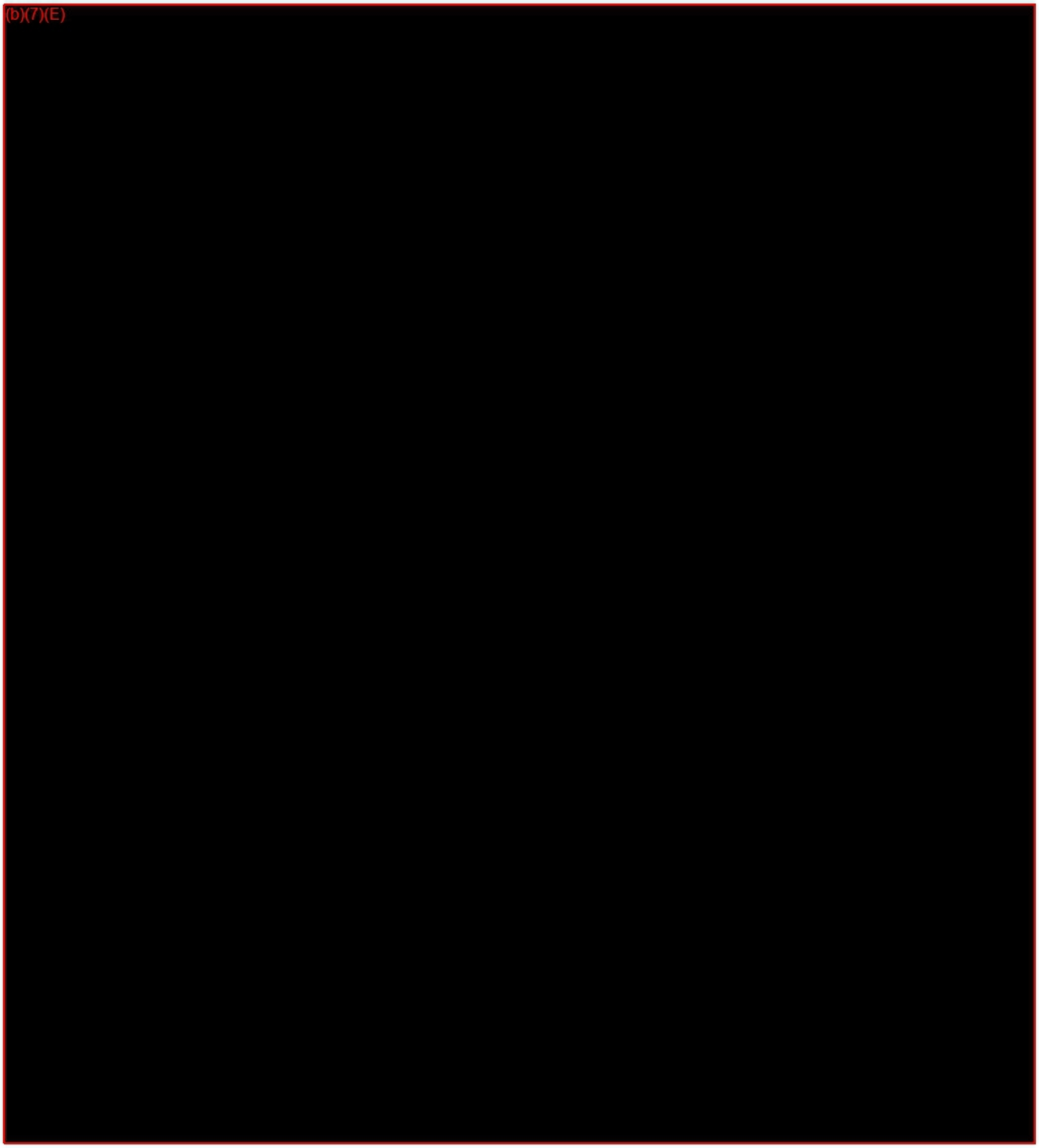

E. Click to return to the **Progress Note 5**



A. The added information will populate in **Notes** **1**
B. When finished, click  to return to the **Progress Note** **2**



Under **Plan**, Click on **Disposition**



The following Disposition* window will populate

A. Select the appropriate Disposition from the drop down menu **1**
B. Click Browse.. to document discharge instructions **2**



The following Keywords window will populate

A. Click on the appropriate Discharge Instructions **1**
B. Document Kitchen Clearance granted/denied **2**
C. The entries chosen will be brought to the Notes field **3**
D. Click OK **4**



Click Done to close out of the Disposition* window



Under **Billing**, Click on **Visit Code**



The following Billing window will populate.

A. Click on EM Coder



Click Accept Code



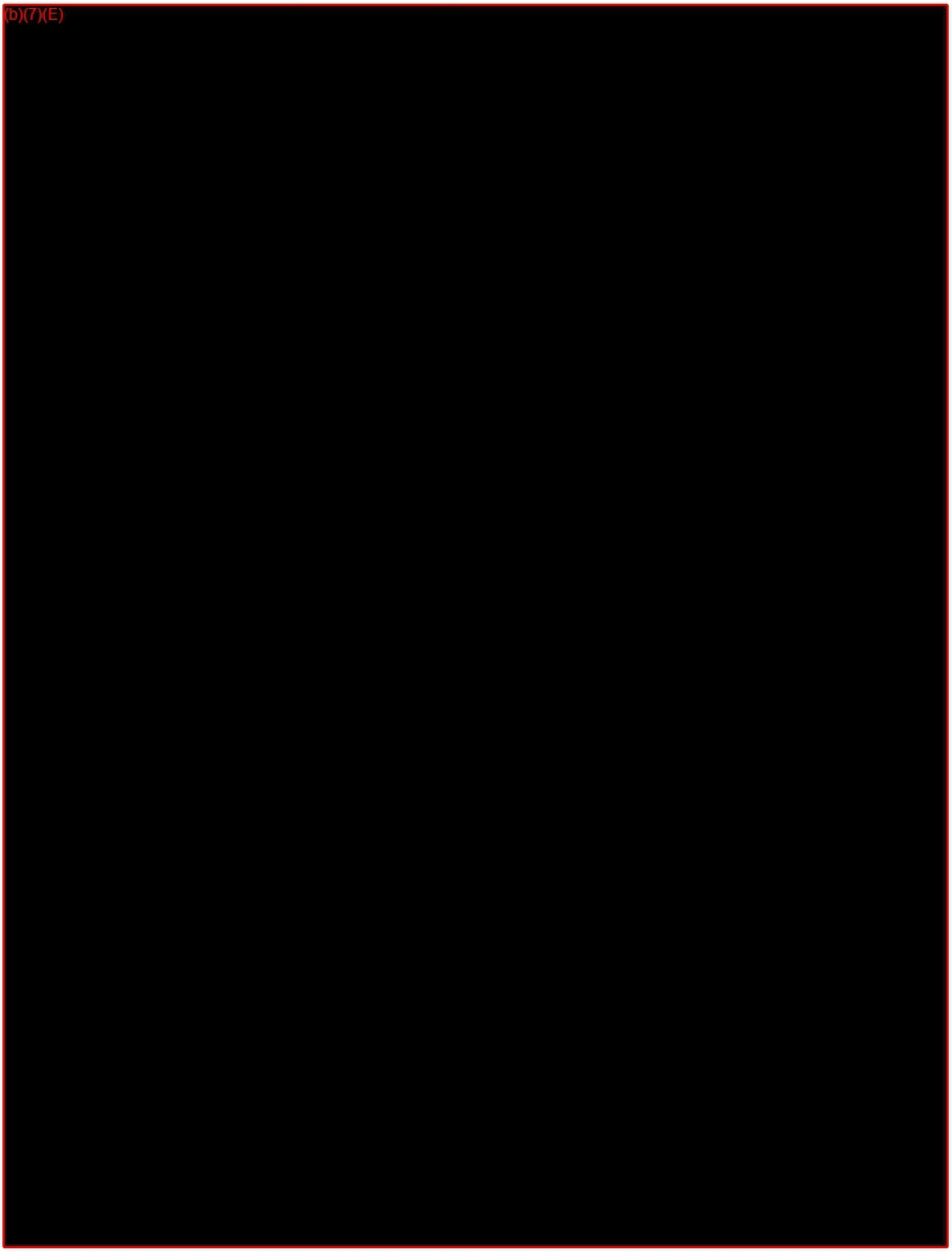
You will be returned to the Billing window.

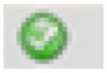
Click Close

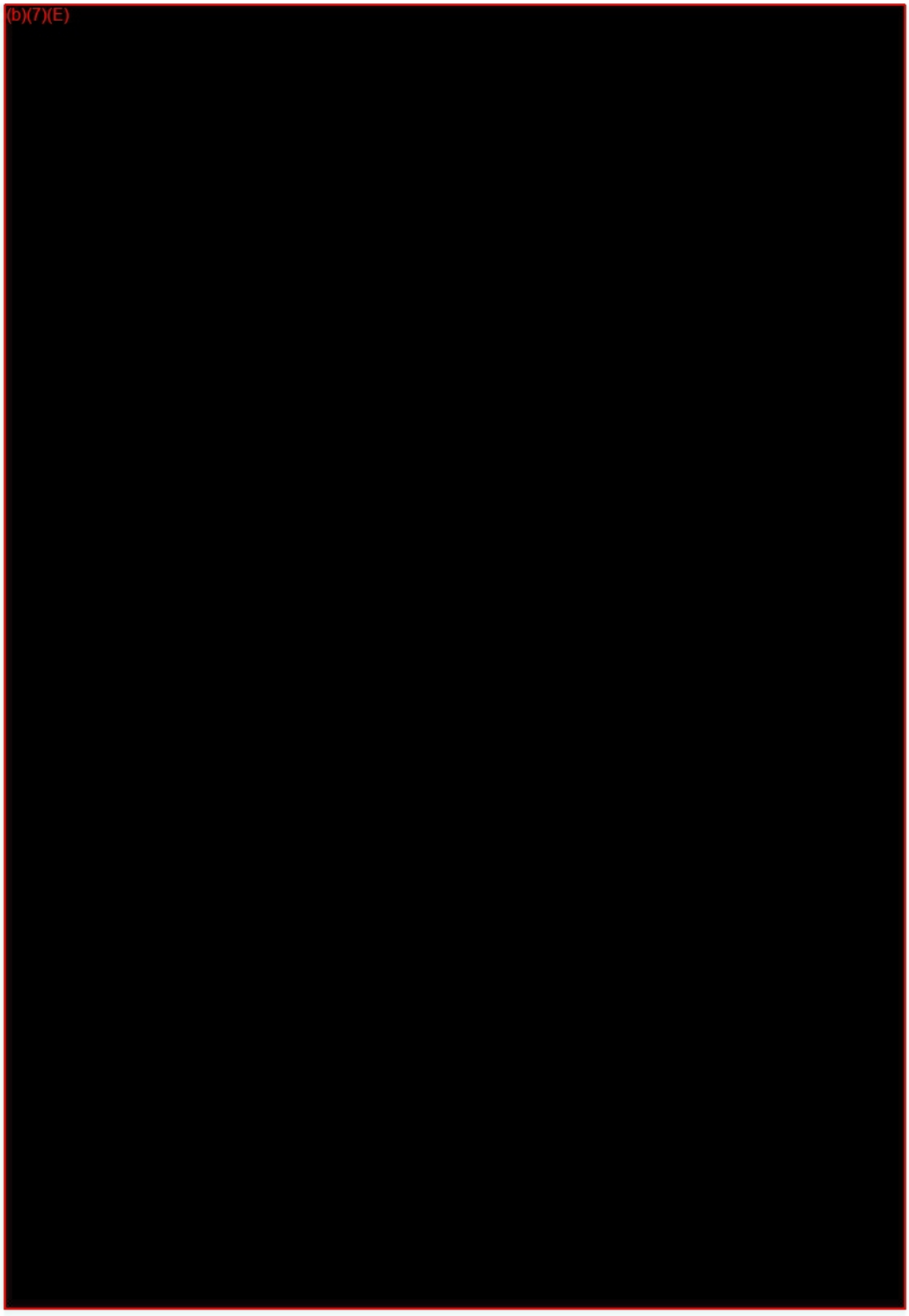


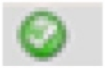
Next, update the Kitchen Clearance

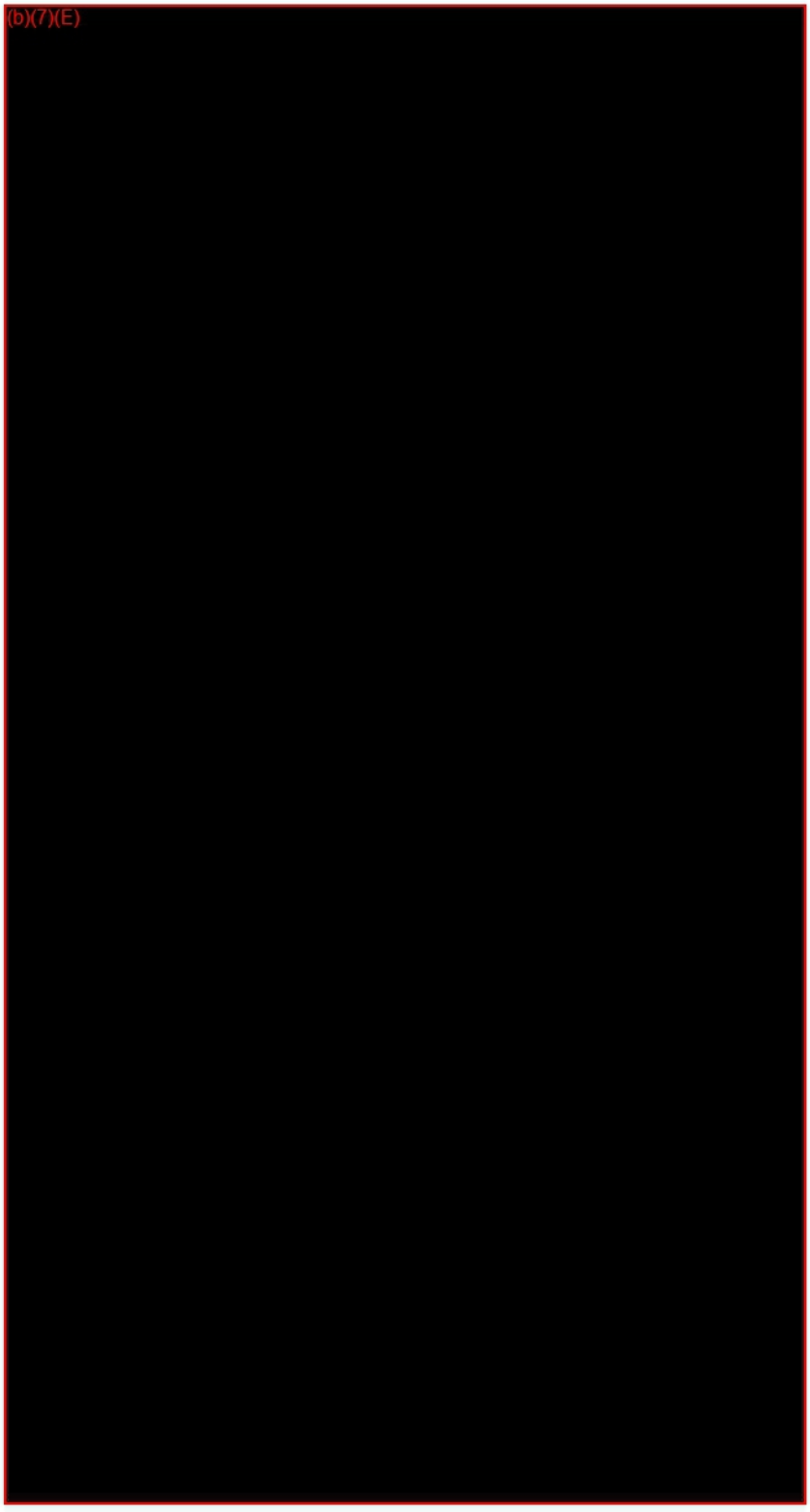
A. Click on The **CHS** tab **1**
B. Click on the ✚ under **Food Handler** **2**



The box will expand. Click on the check mark 



The status under **Food Handler** will change to 

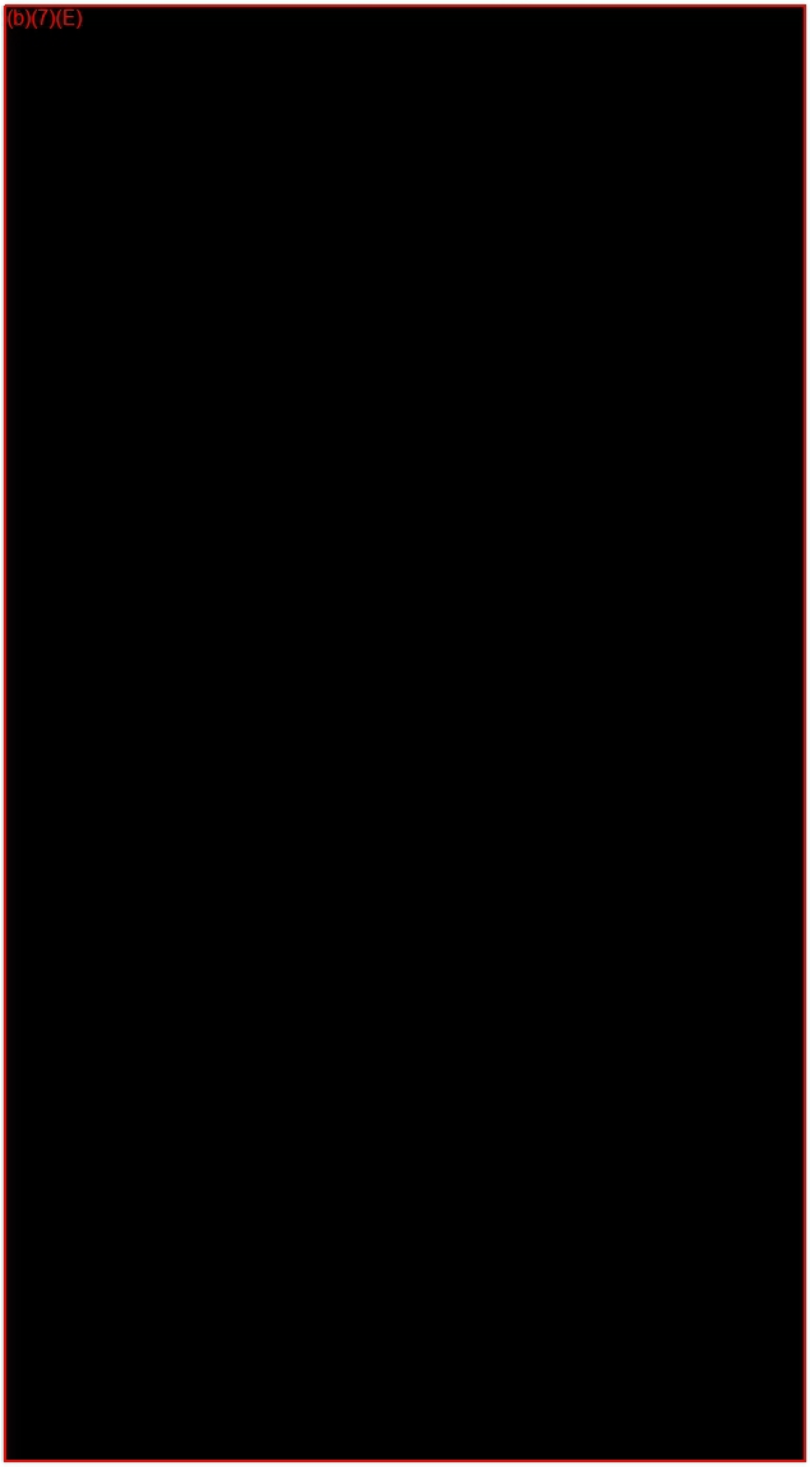


To Print the Food Handler's Certificate:

A. Click on the  under **Food Handler** to expand the box **1**

B. Click on the  button **2**

A Print screen will populate and the certificate can be printed from this screen



The **Progress Note** will now have to be assigned the facility's MD/CD

A. Click on the Green carrot next to **Details** **1**




B. Select Change Assigned To **2**



A. The Assign/Change Progress Notes window will populate

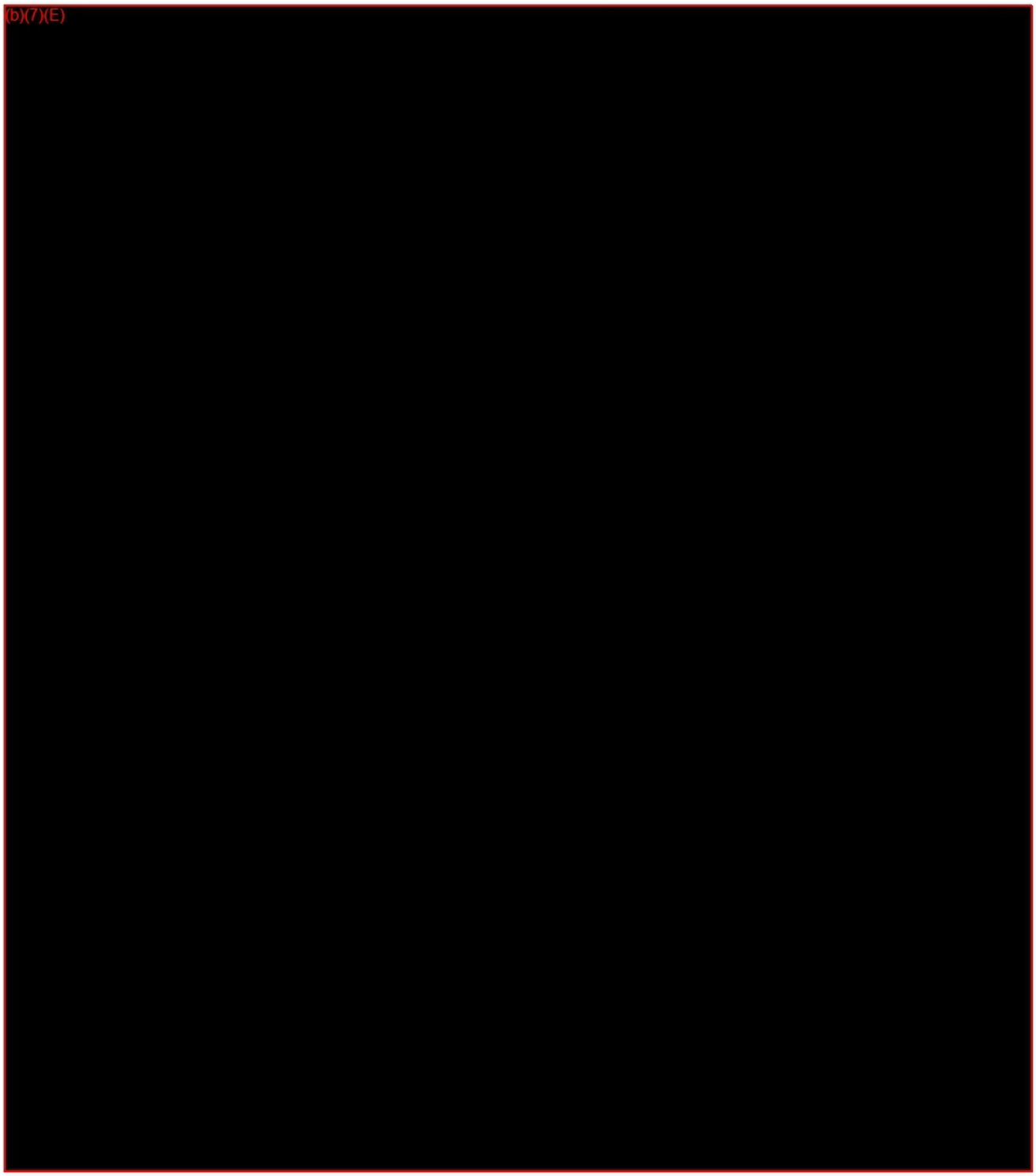
B. Select the name of your MD/CD To drop down box **1**

C. You may enter comments to send to the reviewer if necessary by clicking Add Notes **2**

D. When finished click OK **3**



A. Once complete, **Lock** the **Progress Note 1**
B. The ClinicalRuleEngine window will populate . Click Yes **2**



A. The eClinicalWorks Viewer window will populate **1**
B. The Annual Dental Exam and Annual PE-S Exam will be automatically scheduled **2**
C. Click **OK** when finished **3**




This completes the PE Exam.

**CheckOut** the patient in Clinical Visit Console

See: eCW Clinical Visit Console (CVC) Checkin and Checkout Process

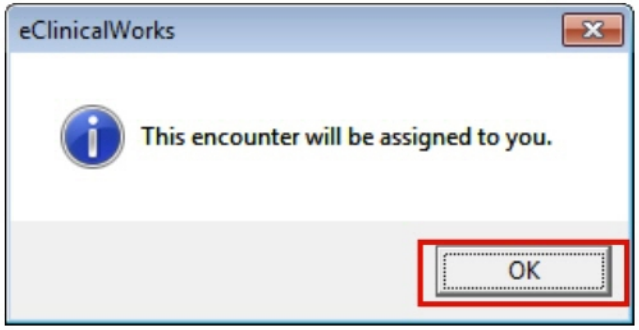
Once the **Pre-screening process** has been completed for all new arrivals, the **Intake Screening** encounter follows.

A. From the **Corrections** band **1**, select **Intake Console 2**

B. Select those detainees with a **designated priority first 3** (refer to Pre-screening user guide for definition of priority levels). To begin, double click over the detainee's name whose encounter you have selected



Click **Ok** to accept that this encounter will be assigned to you.




Click **Yes** when asked if you want to carry forward current medications.



You will now be in the progress note. Refer to the **Enc** box **1** to verify the correct date and encounter are listed (Intake). Your initials will also be listed. Verify your name is listed as the **Appointment Provider** at the top of the note **2**

Click on **Templates** to add the Intake template to your Favorites Template menu **3** (skip to page 5 if you have already added the Intake Screening template to your favorites)



A. Click **Generic** **1**

B. **Category**: Intake **2**

C. Click over the appropriate template to select **3**

D. Click the **Add As Favorite** button (if you have not already done so) **4**

E. Click the **Merge Template** button **5**

F. Ensure "*The generic template INTAKE: Screening (male/female) merged successfully*" **6**

G. Click **Close** **7**



Skip to Page 6 if you merged the template from the Template Window as demonstrated above.

A. To merge from the **Right Chart Panel**, click on the **Templates** tab **1**

B. Click on the *blue left-pointed arrow* next to the **Intake Screening** template **2**




You will be back in the progress note. Click on all **Green** links. All questions listed in these sections must be filled out.

Provide responses in the same manner as you did for the **Pre-screening**; *remember to change default answers any time abnormalities are identified.*

Please note that if the detainee provides an affirmative response to the question "**Are you currently or have you ever taken any medication on a regular basis, including OTC and herbal**?" you must select **Yes 1** from the pull down menu and document in the **Notes** section to the far right of this window.

**Do not** enter medication information in the blue **Current Medication** link of the progress note.



Next, click on the blue **Allergies/Intolerance** link in your progress note.

It is important to document allergy information in this section since any information that is entered here will populate in all future progress notes for this detainee.



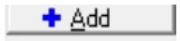
If no allergies were reported, place a check mark next to **NKDA 1** in the **Allergies** section

If an allergy was reported, click the 

button **2**



A new line will populate underneath. Click in field to the far left **1** and select **Structured** (drug allergies) or **Non Structured** (food and environmental allergies) from the pull down menu **2**

Continue to click on the 

button until all the allergies reported are listed



Once all the information in the **green** links has been entered in the **Subjective** section of your note, scroll down and click on the blue **Vitals** link.



The highlighted yellow fields correspond to the encounter you are in. This is where you will enter the detainee's information.
There are two ways in which you can enter data in these fields. One option is to simply click inside the field and enter the information. You can move forward (to the right) by using the **Tab** key on your keyboard.

The second option is by using the **Pop-Up** feature. To do so, place a check mark next to the **Pop Up** button and click inside the field you want to enter information in.



A. In this case, the **Temp** field was selected. The **Vitals** box appears.

B. Using your keyboard, or the key pad of this **Vitals** window, enter the temperature reading in the **Temp** field **1**

C. Select **Qualifier** from pull down menu **2**

D. Click on 

forward arrow **3**

E. Select **Next 4** to move forward to the next Vital sign entry or click **Apply 5** if you are done and want to exit



**Close** X this window when vital signs information has been entered.



Any values outside the normal range will be reflected in red, prompting further action (i.e., notifying the provider).



A. Continue by changing any default answers in the **Intake Exam** section under the blue **Examination** link **1**
B. When screening a female patient, ensure the pregnancy test results are documented accurately.
   The *Intake Screening* template populates a default *Negative* result.
   If the detainee is pregnant, click on **Intake Exam (Females Only)**



A. Change the Value from Negative to *Positive* using the pull down menu **1**

B. Click **Close 2**



A. This will take you back to your Intake Screening Progress Notes
B. To document patient education, go to the Order Set tab OS **1** in the right chart panel
C. Click on the **INTAKE: Screening** OS **2**




D. The pop-up window will appear.
E. From the **Linked Assessments** section, select the appropriate assessment **3**
F. Click **Ok 4**



A. This will take you to the **Order Sets** pop-up window.

B. Scroll to the bottom section of the order set screen **1.** Review each area and select all that applies **2**.

C. This Order Set is to be used ONLY for documenting the education that was provided.

D. When finished, click on **Order 3**. This will merge the information onto your Progress Note.



From the Progress Note, select **Disposition**



A. From the **Disposition 1** drop-down box, select appropriate disposition. If detainee does not need to be seen by a provider, select "*Medically cleared for custody, follow up visit scheduled"* because the 10 day PE will be scheduled.

B. If the screening is complete but the CXR results are still pending, In the Notes Box, you will add "**Pending Chest X Ray results**" **2**

C. Do NOT schedule the PE from this screen. Click on **Done 3**



You will be brought back to the Progress Note. Select **Visit Code** under **Billing Information**



Select **EM Coder**



A. Click on **Calculate 1**. The Code will auto-populate.

B. Click on **Accept Code 2**

C. Select **Close 3**



**Close** X this window.



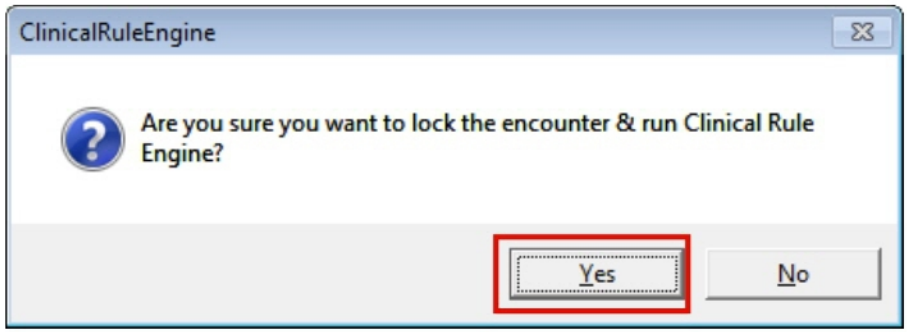
This will take you back to the **Progress Note**. The nurse conducting the Intake screening will lock his/her note, but will **not** check this detainee out of the **Intake Console** until the CXR results are received, an addendum is later made to the intake encounter once the CXR results are received.

DO NOT leave the progress note unlocked. Leaving notes unlocked places you and the facility at risk for liability.

Click on the **Lock** button



The **Clinical Rule Engine** window appears. Click on the **Yes** button.




Click **OK** in the **Message** window.



The "Lock" button will now say "Addendum" **1**

If an LVN completes the intake, he/she will need to assign your **Intake Screening** to the RN Bucket for review (a second review by an RN (or higher) is required to be completed within 24 hours, in accordance to policy).

RN Intakes do not need to be reviewed.

Click on the carrot  next to **Details 2**



Select **Change Assigned To**



A. In the **To 1** field, select, **RN, (your facility)** from the drop-down box

B. Click **OK 2**



If you need to place a medical hold or alert on the detainee, click on the HUB button



Click on **Billing Alert**



Click on **Set Global Alerts**



Select the **Clinical button 1**

A. Click over the field you wish to select **2**
B. Your selection will appear in the window to the right **3**
C. Click **Ok 4**



A. To assign a **custody level**, click on the **Both** button **1**
B. Click over the field you wish to select **2**
C. Your selection will appear in the window to the right **3**
D. Click **Ok 4**



You will be back at the HUB. To enter chest X-Ray results, click on the DI (Diagnostic Imaging) button



Click on **New** and refer to the **Documenting TB Clearance** (Version IV) user guide for instructions.



Once the detainee's CXR results have been received and a disposition has been determined, an addendum needs to be made to the intake encounter progress note.

A. Click on **Addendum** **1**

B. Enter results and disposition **2**

C. Click **Ok** **3**



Once the CXR results and disposition are documented, the detainee needs to be checked out.

From the **Corrections** band, click on **Intake Console**



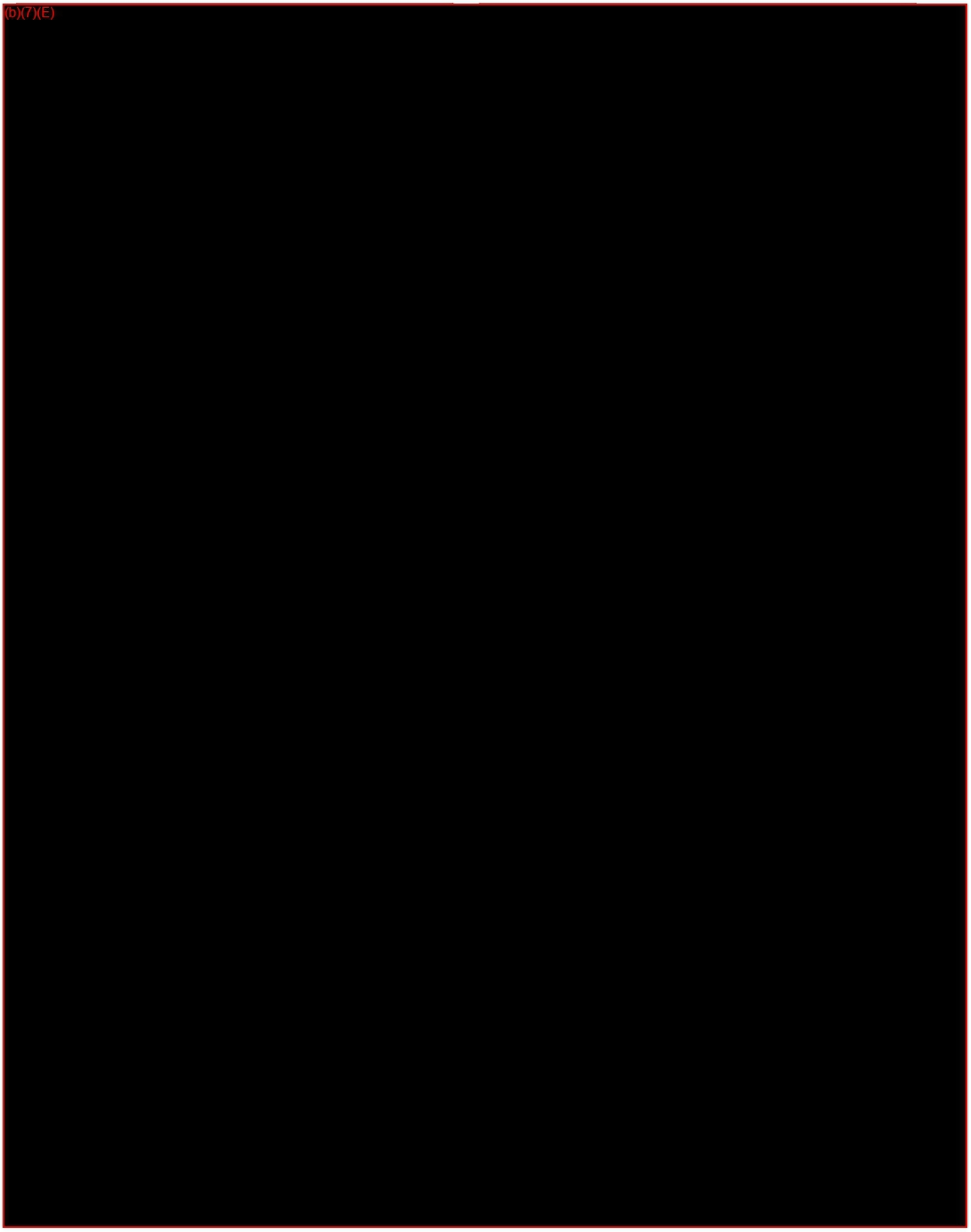
A. Place a check mark next to the detainee's name whose intake encounter you just completed **1**

B. Click on **Check-Out 2**

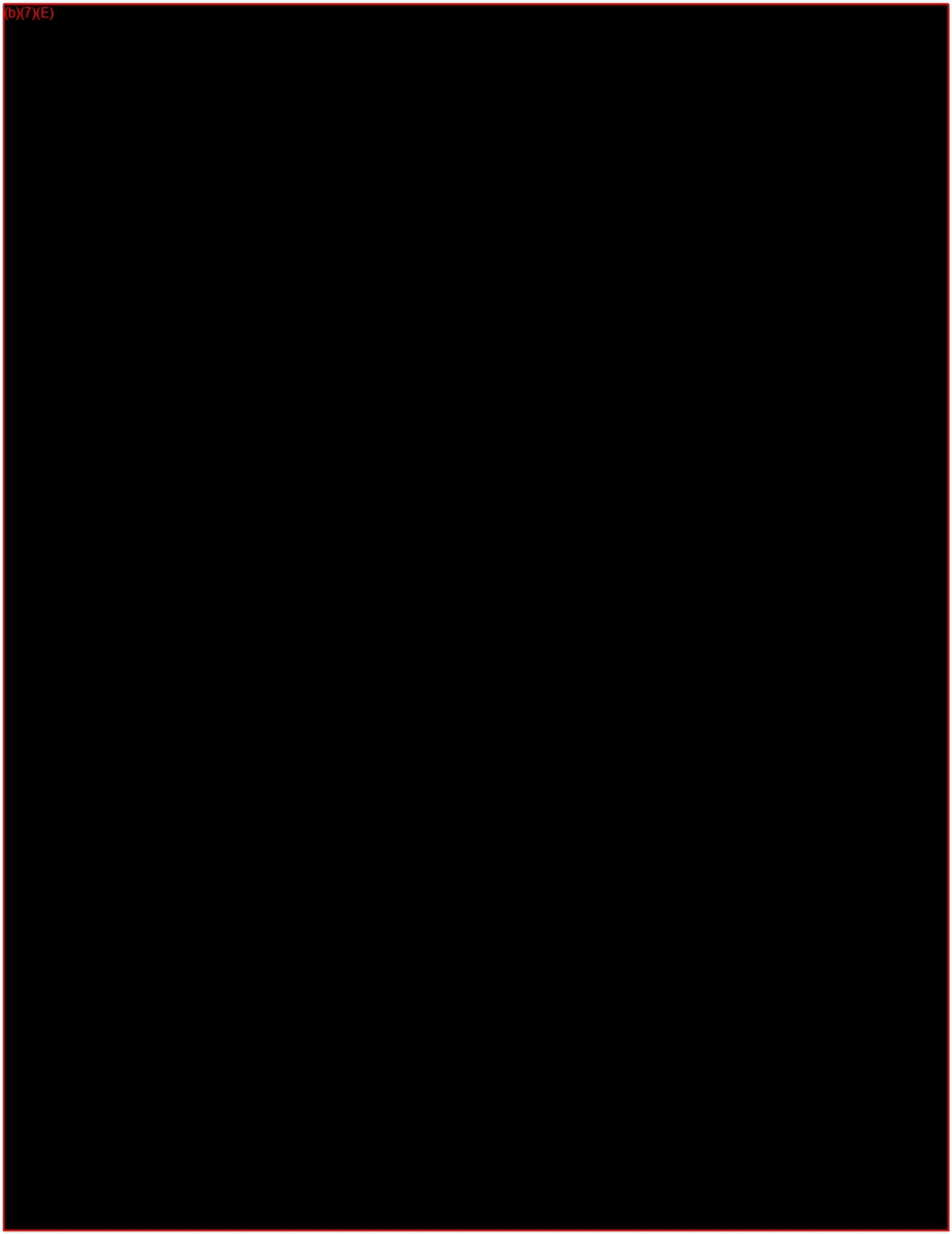
C. The **Visit Status** will change from **ARR** (arrived) to **CHK** (check-out) **3**



(b)(7)(E)



(b)(7)(E)



**From:** (b)(6);(b)(7)(C)
**Sent:** 15 May 2017 10:59:30 -0400
**To:** (b)(6);(b)(7)(C)
**Cc:**
**Subject:** SDC Detainee Death

Hey (b)(6);(b)(7)(C)

AFOD (b)(6);(b)(7)(C) own at SDC (copied on this email) has advised that GBI responded to the scene and has completed processing the involved cell.

The cell is still being secured by CCA staff and they have requested guidance on if the cell can be re-opened. Before advising if they can re-open the cell, AFOD (b)(6);(b)(7)(C) as inquired if there is any reason to keep the location secured, i.e. a response from OIG?

If possible, can you or one of your agents let him know if you guys anticipate a response or any other reason to continue to secure the scene??

Thanks,

(b)(6);(b)(7)(C)
Senior Special Agent
DHS/ICE
Office of Professional Responsibility
Atlanta, GA
Cell 678-222-(b)(6);(

**From:** (b)(6);(b)(7)(C)
**Sent:** 18 May 2017 17:04:22 -0400
**To:** (b)(6);(b)(7)(C)
**Cc:**
(b)(6);(b)(7)(C)

**Subject:** Status Update on Detainee Death Activity

Below is an update on the status of activity pertaining to detainee Jimenez Joseph (204603723) suicide on 5/15/2017. The items in Blue have been completed since initial report.

- **Tasks completed:**
  - Notification has been made to:
    - AFOD, who notified DFOD and FOD
    - RHSA
    - Unit Chief, Health Ops (CAP (b)(6);(b)(7)(C) and DAD (CAP (b)(6);(b)(7)(C)) via RHSA
    - CD (b)(6);(b)(7)(C)
    - Georgia Bureau of Investigation (GBI)-(Core Civic notification)
  - Sen Report sent via email
  - Medical Incident Report Submitted
  - Requested copies of recordings from Core Civic (via email).
  - The 2 RNs who responded to the Hanging have spoken with GBI.
  - The night shift medical staff have spoken with LCDR Calvery and all staff present this morning have been notified to contact InGenesis if necessary to ascertain what services are available but that they could also reach out to the HSA or AHSA if they need someone to speak with.
  - Conducted small after action to review response.
    - Both RNs indicated the only thing that did not go as practiced was the door leading out of medical seemed to take a prolonged amount of time to open (RN estimated 3 minutes).
      - Will review video and if video supports allegation, will discuss with Core Civic leadership.
        - Video reviewed, indicates the door leading from medical to the hall way was opened by Core Civic a little over 1 minute after the staff arrived at the door.
        - Will discuss with Core Civic during after action discussion. I do not believe this time would have altered the outcome during of this incident; however, medical staff should not be standing by for over 1 minute for a door to be opened by control room.
  - InGenesis was notified of incident so that they may provide support services to the staff (email sent and call made).
  - Sequence of Events
  - Offered mental health counseling to detainees (Completed).
  - Conducted Town Halls in All Housing Units with the below message:
    - Introduction and I am here to introduce myself and to remind everyone that if you feel overwhelmed, depressed, or have feelings that you want to hurt yourself or someone else that you need to immediately notify the officer, who will then

notify medical. We have resources to help you but we must first need to know that you are having some difficulties. Asking for help is not a sign of weakness. Is anyone here having these type of feelings?" During the time this was conducted, 4 detainees were identified who needed assistance, two of these were placed on constant watch.

- Scheduled EAP Crisis Intervention group meeting for Friday (5/19/2017) morning at 0715 to maximize availability of staff.
- Requested TDY and VTC support through IHSC (support received via VTC and have scheduled BHP to arrive this week).

- **Tasks underway but not yet completed:**
  - Medical Records notified to obtain copies of records as soon as possible
    - EMS.
    - Putney Sumter Medical Center.
  - Medical Records notified to scan into eCW any of the detainees medical records that have not already been scanned, including MARs (b)(6);(b)(7)(C) -waiting for One MAR).
  - Dr. Charbonneau is reviewing the medical records to make sure they are complete.
    - Provided medical records and (b)(6);(b)(7)(C) a copy of CDR Alley's template pertaining to the medical records.
  - County Coroner has discussed with SDC the need for an autopsy; however, the state first must get reimbursement preapproval for the autopsy before it is initiated (b)(6);(b)(7)(C)
    - Approval obtained
    - Waiting for autopsy report
  - Support IIU Mortality Review Investigation (CAPT (b)(6);(b)(7)(C)
    - The current staff schedule that covers the next month. (LCDR (b)(6);(b)(7)(C) & CAPT (b)(6);(b)( . (obtained)
    - All EMS and hospital records when they become available (and scan into eCW when received), ((b)(6);(b)(7)(C)
    - All incident reports related to the significant incident(s) (e.g. medical and custody incident reports), (CAPT (b)(6);(b)(7)(C) & Core Civic (Obtained).
    - All written statements related to the significant incident (e.g. witness statements written by medical and/or custody officers), (Obtained)
    - Request hold on all personal property and all medications (CAP (b)(6);(b)(7)(C) & (b)(6);(b)(7)( & Core Civic). (Completed)
    - The autopsy report (if performed and when available; and scan into eCW when received), (LCDR (b)(6);(b)(7)( and CAPT (b)(6);(b)(7)(C)
    - The death certificate (when available; and scan into eCW when received), (LCDR Williams and CAPT (b)(6);(b)(7)(C) ).
    - The name and contact information for your AFOD (CAPT (b)(6);(b)(7)(C) (completed).
    - Any rules/restrictions for visiting the facility. (Core Civic-CAPT (b)(6);(b)(7)(C) requested already) (completed)

- **Task yet to be Initiated:**
  - Conduct debriefing with ERO, Custody and Medical (LCDR (b)(6);(b)(7)(C) ICE and Core Civic).
  - Request HQ lock detainees medical records (CAPT (b)(6);(b)(7)(C) .
    - Will be initiated after all records have been scanned into eCW.
  - Provide ICE (AFOD) an electronic copy of the medical records.

- Must be completed within 48 hours of the event (he wants records after they are completed).
- Provided AFOD and ICE a Time Line of detainee's medical care. (completed)

  - Psychological autopsy (CDR [redacted] and LCDR [redacted]
  - Obtain a Copy of Autopsy (LCDR [redacted] and CAPT [redacted]
  - Obtain a Certified Death Certificate (LCDR [redacted] and CAPT [redacted]

Please contact me if you have any questions.

Thank you

[redacted] RN, C-APN
CAPT, U.S. Public Health Service
ICE Health Services Corps
Health Services Administrator
Stewart Detention Center
146 CCA Road
P.O. Box 248
Lumpkin, GA 31815
Cell: (202) 321-[redacted]
Fax: (866) 381-0255
[redacted]

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---

**From:** [redacted]
**Sent:** Monday, May 15, 2017 3:39 AM
[redacted]
[redacted] #IHSC_Stewart
**Subject:** SEN Report - Emergency Transport and Detainee Subsequently Pronounced Dead

**SDC has a detainee who was transported to a hospital after successfully attempting suicide via hanging.**

**Per Hospital Report: Detainee was pronounced Dead at 0215 on May 15, 2017.**

**Name of Hospital:** Phoebe Sumter Medical Center
**Detainee Name:** Jimenez Joseph, Jean Carlos
**Alien #:** 204603723

**Date of Birth:** 04/20/1990
**Country of Citizenship:** Panam
**Date of Arrival:** 03/07/2017

**Relevant Medical History:**

- Suicidal ideation (03/08/2017)
- Suicide attempt per patient report
- Schizoaffective disorder, bipolar type
- Cannabis abuse, uncomplicated
- Unspecified asthma, uncomplicated
- Allergic rhinitis, unspecified
- Psychosis

**Medications:**

- Risperidone 0.5 MG Tablet, 1 tablet Orally daily at bedtime
- Docusate Sodium 100 MG Capsule, 1 capsule as needed Orally daily
- Flunisolide 25 MCG/ACT (0.025%) Solution, 2 drops in each nostril twice a day
- Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution, 2 puffs as needed up to four times a day

**Hospitalizations:**

- 3 psychiatric hospitalizations between August to December 2016 (average length of stay 2 weeks)

**Cause of Death:**

- Successful Suicide via hanging (presumptive diagnosis)

**History of Event: (The below is per verbal reports).**
On 15 may 2017, at approximately 0045, a medical emergency was called in the Special Housing Unit for a detainee who had hung himself. Upon arrival at the scene medical staff reported the detainee was laying on the ground with Core Civic officers performing CPR. Core Civic staff informed medical the detainee had hung himself with a sheet that had been tied around his neck. The sheet had already been removed prior to medical arriving on the scene. Medical staff performed a quick assessment and asked Core Civic staff if an ambulance had been requested and asked that EMS be activated if not already called. Medical staff continued CPR and connected the detainee to the AED, which indicated no shock advised and to continue CPR. CPR was continued. At approximately 0057 EMS team arrived and intubated the detainee, connected the detainee to a defibrillator and indicated the rhythm was asystole. During the course of the CPR, EMS staff gave four dosages of Epinephrine and called for a back-up EMS unit; however, as the back-up EMS unit was over 30 minutes away, the EMS team decided to transport the detainee to Phoebe Sumter Medical Center ER with Core Civic Officer in Ambulance.

**Time Line:**

- Medical Emergency called 0045
- Medical Team on scene 0049
- Core Civic called for EMS at 0049
- EMS arrived to facility at 0057
- EMS departed facility at 0125
- **Detainee pronounced dead at 0215 at Phoebe Sumter Medical Center**

**Notifications as of this time:**

- HSA was notified at approximately 0120.
- RHSA by 0130
- CD by 0145
- AFOD by 0130
- Per AFOD the DFOD and FOD were notified by 0145.

Thank you

(b)(6);(b)(7)(C) RN, C-APN
CAPT, U.S. Public Health Service
ICE Health Services Corps
Health Services Administrator
Stewart Detention Center
146 CCA Road
P.O. Box 248
Lumpkin, GA 31815
Cell: (202) 321-(b)(6);(b)(7
Fax: (866) 381-0255
(b)(6);(b)(7)(C)

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**From:** (b)(6);(b)(7)(C)
**Sent:** 15 May 2017 11:33:54 -0400
**To:** (b)(6);(b)(7)(C)
**Cc:** (b)(6);(b)(7)(C)
(b)(6);(b)(7)(C)

**Subject:** Status Update on SEN Report - Emergency Transport and Detainee Subsequently Pronounced Dead

An update on activity pertaining to detainee Jimenez Joseph (204603723) suicide on 5/15/2017.

- Tasks completed:
  - Notification has been made to:
    - AFOD, who notified DFOD and FOD
    - RHSA
    - Unit Chief, Health Ops (CAPT (b)(6);(b)(7)(C) and DAD (CAPT (b)(6);(b)(7)(C) via RHSA
    - CD, I (b)(6);(b)(7)(C)
    - (b)(6);(b)(7)( Bureau of Investigation (GBI)-(Core Civic notification)
  - Sen Report sent via email
  - Medical Incident Report Submitted
  - Requested copies of recordings from Core Civic (via email).
  - The 2 RNs who responded to the Hanging have spoken with GBI.
  - The night shift medical staff have spoken with LCDR (b)(6);(b)(7)( nd all staff present this morning have been notified to contact InGenesis if necessary to ascertain what services are available but that they could also reach out to the HSA or AHSA if they need someone to speak with.
  - Conducted small after action to review response.
    - Both RNs indicated the only thing that did not go as practiced was the door leading out of medical seemed to take a prolonged amount of time to open (RN estimated 3 minutes).
      - Will review video and if video supports allegation, will discuss with Core Civic leadership.
  - InGenesis was notified of incident so that they may provide support services to the staff (email sent and call made).

- Tasks underway but not yet completed:
  - Sequence of Events (CAPT (b)(6);(b)(7)(C) & CAPT (b)(6);(b)(7)(C).
  - Medical Records notified to obtain copies of records as soon as possible, TODAY if at all possible ((b)(6);(b)(7)(C) and (b)(6);(b)(7)(C).
    - EMS.
    - Putney Sumter Medical Center.
  - Medical Records notified to scan into eCW any of the detainees medical records that have not already been scanned, including MARs. ((b)(6);(b)(7)(C) and (b)(6);(b)(7)(C)
  - Dr. Charbonneau is reviewing the medical records to make sure they are complete.
    - Provided medical records and (b)(6);(b)(7)(C) a copy of CDR Alley's template pertaining to the medical records.

- County Coroner has discussed with SDC the need for an autopsy; however, the state first must get reimbursement preapproval for the autopsy before it is initiated [redacted]
  - [redacted] is submitting request for autopsy through MedPAR system.
  - [redacted] is communicating with RMU and State Medical Examiner to manage request and ensure referral is expedited through process.
- Support IIU Mortality Review Investigation (CAPT [redacted]
  - The current staff schedule that covers the next month. (LCDR [redacted] & CAPT [redacted]
  - All EMS and hospital records when they become available (and scan into eCW when received), ([redacted]).
  - All incident reports related to the significant incident(s) (e.g. medical and custody incident reports), (CAPT [redacted] & Core Civic (already requested from Core Civic)).
  - All written statements related to the significant incident (e.g. witness statements written by medical and/or custody officers), (CAPT [redacted] and Core Civic (already requested from Core Civic)).
  - Request hold on all personal property and all medications (CAPT [redacted] & [redacted] & Core Civic).
  - The autopsy report (if performed and when available; and scan into eCW when received), (LCDR [redacted] and CAPT [redacted].
  - The death certificate (when available; and scan into eCW when received), (LCDR [redacted] and CAPT [redacted]
  - The name and contact information for your AFOD (CAPT [redacted] completed).
  - Any rules/restrictions for visiting the facility. (Core Civic-CAPT [redacted] requested already)

- Task yet to be Initiated:
  - Offer mental health counseling to detainees (LCDR [redacted]
  - Conduct debriefing with ERO, Custody and Medical (LCDR [redacted] ICE and Core Civic).
  - Request HQ lock detainees medical records (CAPT [redacted]
    - Will be initiated after all records have been scanned into eCW.
  - Provide ICE (AFOD) an electronic copy of the medical records.
    - Must be completed within 48 hours of the event.
  - Psychological autopsy (CDR [redacted] and LCDR [redacted]
  - Obtain a Copy of Autopsy (LCDR [redacted] and CAPT [redacted].
  - Obtain a Certified Death Certificate (LCDR [redacted] and CAPT [redacted].

Please contact me if you have any questions.

Thank you

[redacted] RN, C-APN
CAPT, U.S. Public Health Service
ICE Health Services Corps
Health Services Administrator
Stewart Detention Center
146 CCA Road

P.O. Box 248
Lumpkin, GA 31815
Cell: (202) 32[redacted]
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**Detainee Name:** Jimenez Joseph, Jean Carlos
**Alien #:** 204603723
**Date of Birth:** 04/20/1990
**Country of Citizenship:** Panam
**Date of Arrival:** 03/07/2017

**Relevant Medical History:**

- Suicidal ideation (03/08/2017)
- Suicide attempt per patient report
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**Hospitalizations:**

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**Cause of Death:**

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**History of Event: (The below is per verbal reports).**

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**Notifications as of this time:**

- HSA was notified at approximately 0120.
- RHSA by 0130
- CD by 0145
- AFOD by 0130
- Per AFOD the DFOD and FOD were notified by 0145.

Thank you

(b)(6);(b)(7)(C)
RN, C-APN
CAPT, U.S. Public Health Service
ICE Health Services Corps
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146 CCA Road
P.O. Box 248
Lumpkin, GA 31815

Cell: (202) 321 (b)(6),(b)(7)(C)
Fax: (866) 381-0255
(b)(6),(b)(7)(C) [redacted]

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# ICE Significant Incident Report

**Submitted Date and Time of Report: 5/17/2017 1041 EST**

| | | |
|---|---|---|
| Incident Date: 5/16/2017 | Incident Time: 1320 | Incident Location: |
| ICE Component: Enforcement & Removal Operations | Division: Field Operations Division | Area: Eastern Operations |
| Case Number: No Case Involved | Office: ER - FOD ATLANTA - ATL | Lead Agency: B - DHS / ICE |
| SEN Incident Number: (b)(6);(b)(7)(C) | Initial/Follow-Up: Initial | Event Status: Priority |
| Related SEN Number: | Related Case Number: ------ | SEACATS Number: |
| Intel Number: | ENFORCE Number: | |

| Employee | Operational | Security | Other |
|---|---|---|---|
| ☐ Shots Fired At Employee | ☐ Air/Marine Incidents | ☐ National Security Interest | ☐ Escape |
| ☐ Shots Fired By Employee | ☐ Controlled Delivery | ☐ Facility Disturbance | ☐ Suicide Attempt |
| ☐ Employee Assaulted | ☐ Significant Seizure | ☐ Terrorism Related | ☐ Hunger Strike |
| ☐ Employee Death | ☐ Significant Arrest | ☐ Foreign Military/Police Incursion | ☐ Media Interest |
| ☐ Employee Injured | ☐ IPAS | ☐ WMD/HAZMAT | ☒ Alien Injury/Death |
| ☐ Employee Arrested | ☐ SCR | ☐ Demonstrations | ☐ Vehicle Incidents |
| ☐ Firearms Discharge to Include Unintentional Discharge | ☐ Rescue | ☐ JTTF | ☐ Other |
| ☐ Use of Baton or other Impact Weapon | ☐ Weapon Violations | ☐ Bomb Threat | ☐ Predator |
| ☐ Use of OC Spray or other Chemical Agents | ☐ Other Agency Interest | ☐ DHS SAR | ☐ Gang Related |
| ☐ Other Use of Force | | | |
| ☐ Loss or Theft of Firearm or Body Armor | | | |

Principal Subject: Person Last Name (b)(6);(b)(7)(C) First Name: (b)(6);(b)(7)(C) Alien ID: (b)(6);(b)(7)(C)
Date of Birth (b)(6);(b)(7)(C) Country of Birth: India Citizenship: India

## Narrative

Report Title: Notification of Detainee Dea (b)(6);(b)(7)(C)

The message below is distributed on behalf of Executive Associate Director Matthew T. Albence:

Pursuant to ICE policy, I am providing notification of the death of an ICE Detainee: (b)(6);(b)(7)(C)

ISSUE:

On May 16, 2017, ERO Atlanta reported the death of ICE detainee, (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) a 58 year old citizen of India, at the Grady Memorial Hospital in Atlanta, GA. Grady Memorial Hospital medical staff declared (b)(6);(b)(7)(C) deceased at 1320 EDT, with a preliminary cause of death from complications from congestive heart failure.

The Department of Homeland Security (DHS), Office of Inspector General (OIG), and Office of Professional Responsibility (OPR) were notified via the Joint Intake Center (JIC). ERO Atlanta officers have notified the

Indian Consulate. Indian consular staff have notified (b)(6);(b)(7)(C) son, who is the next of kin.

All media inquiries will be referred to the Office of Public Affairs.

BACKGROUND:

On May 10, 2017, (b)(6);(b)(7)(C) applied for admission to the United States at the Hartsfield Jackson International Airport Port of Entry in Atlanta, GA onboard a flight from Quito, Ecuador. On this same date, U.S. Customs and Border Protection (CBP) identified PATEL as an alien intending to immigrate to the United States who was not in possession of the required immigration documents. CBP issued (b)(6);(b) a Form I-860, Notice and Order of Expedited Removal, charging inadmissibility pursuant to §212(a)(7)(A)(i)(I) of the Immigration and Nationality Act, as an immigrant without an immigrant visa. At that time, PATEL expressed a fear of returning to Ecuador, the country where he currently resides. CBP submitted a fear referral package to U.S. Citizenship and Immigration Services (USCIS).

On May 11, 2017, CBP transferred (b)(6);(b)(7)(C) to the Atlanta City Detention Center (ACDC), Atlanta, GA. During the medical intake screening (b)(6);(b)(7)(C) self-reported having high blood pressure and diabetes, for which he took medication. (b)(6);(b)(7)(C) stated he was not insulin dependent. (b)(6);(b)(7)(C) did not have any medication on his person. ACDC medical staff identified that (b)(6);(b)(7)(C) had high blood sugar; however, he refused insulin treatment. ACDC medical staff further identified an "old burn" on his left ring finger.

On M[redacted] 2017, during a 12-hour blood sugar check, a nurse identified that (b)(6);(b)(7)(C) had shortness of breath, bilateral pitting edema, and dry, circular lesions on bilateral upper and lower extremities. ACDC transported PATEL to Grady Memorial Hospital for evaluation and treatment. Grady Memorial Hospital admitted (b)(6);(b)(7)(C) to the Intensive Care Unit for treatment of suspected congestive heart failure.

On May 15, 2017, ERO Atlanta contacted the Vice Consul for the Consulate of India in Atlanta and advised him of (b)(6);(b)(7)(C) hospitalization and requested his assistance with locating (b)(6);(b)(7)(C) next of kin. The Vice Consul provided contact information for an alleged family friend of (b)(6);(b)(7)(C) named Mr. (b)(6);(b)(7)(C)

On May 16, 2017, Grady Memorial Hospital staff declared (b)(6);(b)(7)(C) deceased at 1320 EDT, with a preliminary cause of death congestive heart failure. ERO Atlanta contacted (b)(6);(b)(7)(C) who stated he was not a family friend but instead was a person known in the Indian community in Atlanta and willing to assist ICE with communicating with (b)(6);(b)(7)(C) son in India. ERO Atlanta conducted a conference call with (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) son, (b)(6);(b)(7)(C) son agreed to contact the social worker at Grady Memorial Hospital.

(b)(6);(b)(7)(C) is the eighth detainee to pass away in ICE custody in fiscal year 2017.

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Violations of Law:

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Action Taken:

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Other Agencies Notified:

| Name | Agency | Phone | Date | Time |
|---|---|---|---|---|
| none | | | | |

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Injuries: Injuries (Names and Extent of Injury):
Fatalities:

Damage:

Locations:

| Type | Address | City | State | Zip |
|---|---|---|---|---|
| Other | 254 Peachtree St SW | Atlanta | Georgia | 30303 |

Reported to ICE Operations Center via Phone:

Public Affairs Notified: Yes
Officer Notifie(b)(6);(b)(7)(C) Date: 5/16/2017 Time: 1350
Comments:

Reported By: (b)(6);(b)(7)(C) Phone: 229-838(b)(6);(b)(7)(C) Cell/Pager: 229-32(b)(6);(b)(7)(C)
Supervisor(b)(6);(b)(7)(C) Phone: 404-893 Cell/Pager: 404-92

***The message below is distributed on behalf of Executive Associate Directo*** (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

Pursuant to ICE policy, I am providing notification of the death of an ICE Detainee: Jean Carlos Alfonso JIMENEZ-Joseph, A204 603 723

ISSUE:

On May 15, 2017, ERO Atlanta reported the death of ICE detainee, Jean Carlos Alfonso JIMENEZ-Joseph, a 27 year old citizen of Panama, at the Phoebe Sumter Medical Center in Americus, GA. Phoebe Sumter medical staff declared JIMENEZ deceased at 0215 EDT, with a preliminary cause of death from a self-inflicted strangulation.

The Department of Homeland Security (DHS), Office of Inspector General (OIG), and Office of Professional Responsibility (OPR) were notified via the Joint Intake Center (JIC). ERO Atlanta officers have notified the Panamanian Consulate. Panamanian consular staff have notified JIMENEZ's sister who is the next of kin.

All media inquiries will be referred to the Office of Public Affairs.

BACKGROUND:

On April 9, 2001, U.S. Customs and Border Protection (CBP) admitted JIMENEZ at the William Hartsfield International Airport, Atlanta, GA as a nonimmigrant visitor with permission to remain in the United States until October 8, 2001.

On June 21, 2010, the Overland Park Municipal Court, in Overland Park, KS convicted JIMENEZ for operating a motor vehicle without license and sentenced him to a $189 fine.

On January 4, 2013, JIMENEZ applied for Consideration of Deferred Action for Childhood Arrival (DACA), Form I-821D, with U.S. Citizenship and Immigration Services (USCIS).

On November 25, 2013, USCIS approved JIMENEZ's DACA application with a designated expiration date of November 24, 2015.

On June 14, 2015, USCIS sent a DACA Expiration Notice Request to JIMENEZ.

On January 12, 2016, JIMENEZ submitted a second DACA application, Form I-821D, to USCIS.

On January 13, 2016, USCIS rejected JIMENEZ second application for DACA, Form I-821D, because it was not signed.

On January 28, 2016, JIMENEZ submitted a third DACA application, Form I-821D, to USCIS.

On February, 3, 2016, USCIS rejected JIMENEZ's third application for DACA, Form I-821D, because it was not signed.

On February 24, 2016, JIMENEZ submitted a fourth DACA application, Form I-821D, to USCIS.

On May 6, 2016, USCIS approved JIMENEZ' fourth DACA application, Form I-821D, with a designated expiration date of May 5, 2018.

On August 24, 2016, the Raleigh Police Department (RPD) in Raleigh, NC arrested JIMENEZ for misdemeanor injury to real property. On the same date, ERO Atlanta 287(g) located in the Wake County Jail, Raleigh, NC encountered JIMENEZ and determined that JIMENEZ did not meet an enforcement priority under the November 20, 2014 memorandum from Secretary Johnson, *Policies for the Apprehension, Detention and Removal of Undocumented Immigrants*, and took no enforcement action.

On October 14, 2016, the RPD arrested JIMENEZ for felony larceny of a motor vehicle and misdemeanor larceny. On the same date, ERO Atlanta 287(g) located in the Wake County Jail, Raleigh, NC encountered JIMENEZ and determined that JIMENEZ did not meet an enforcement priority.

On November 9, 2016, the RPD arrested JIMENEZ for misdemeanor possession of marijuana paraphernalia and municipal ordinance—begging. On the same date, ERO Atlanta 287(g) located in the Wake County Jail, Raleigh, NC encountered JIMENEZ and determined that JIMENEZ did not meet an enforcement priority.

On November 23, 2016, the Wake County District Court, NC convicted JIMENEZ for misdemeanor possession of marijuana paraphernalia and dismissed the municipal ordinance—begging charge. The court sentenced JIMENEZ to 14 days' confinement and a $230 fine.

On December 8, 2016, the RPD arrested JIMENEZ for misdemeanor assault on a female and failure to appear in court for the October 14, 2016 larceny charges. On the same date, ERO Atlanta 287(g) located in the Wake County Jail, Raleigh, NC encountered JIMENEZ and determined that JIMENEZ did not meet an enforcement priority.

On January 5, 2017, the Wake County District Court, NC convicted JIMENEZ for misdemeanor assault and felony larceny of a motor vehicle and dismissed him of misdemeanor larceny. The court sentenced JIMENEZ to 28 days' confinement and a $305 fine.

On February 5, 2017, the RPD arrested JIMENEZ pursuant to an outstanding bench warrant for misdemeanor possession of marijuana paraphernalia and municipal ordinance—begging. This warrant appears to have remained active although JIMENEZ received a disposition of the aforementioned charges on November 23, 2016. On this same date, ERO Atlanta 287(g) located in the Wake County Jail, Raleigh, NC determined JIMENEZ to be unlawfully present in the United States, and lodged a Request for Voluntary Transfer, Form I-247(X), with the Wake County Jail.

~~Deliberative~~
~~Law Enforcement Sensitive – For Official Use Only~~

On February 8, 2017, ERO Atlanta 287(g) located in the Wake County Jail, Raleigh, NC issued JIMENEZ a Notice to Appear charging removability pursuant to section 237(a)(1)(B) of the Immigration and Nationality Act, as an alien present in the United States whose nonimmigrant visa has expired or been revoked.

On March 2, 2017, JIMENEZ entered ERO Atlanta custody at the Wake County Jail in Raleigh, NC.

On March 7, 2017, ERO Atlanta transferred JIMENEZ to the Stewart Detention Center (SDC), Lumpkin, GA.

On April 4, 2017, JIMENEZ contacted the Detention Reporting and Information Line (DRIL) and stated that he has a mental condition.

On April 5, 2017, ERO Atlanta responded to the DRIL and indicated that the ICE Health Service Corps (IHSC) had seen JIMENEZ, and his medical issues (mental and physical) are being treated with medication and therapy.

On April 13, 2017, JIMENEZ was involved in an altercation with another detainee that resulted in a cut on his nose. IHSC determined that no outside medical attention was needed and JIMENEZ was medically cleared for placement in the Special Housing Unit from April 13-20, 2017 for disciplinary reasons.

On April 19, 2017, the Wake County District Court, NC dismissed JIMENEZ's charge for misdemeanor injury to real property.

On April 20, 2017, JIMENEZ was returned to general population.

On April 27, 2017, CoreCivic placed JIMENEZ in the Special Housing Unit because JIMENEZ jumped from the top tier to the bottom tier of his pod in an attempt to harm himself.

On May 2, 2017, the Confinement Review Committee reviewed JIMENEZ's case and recommended that he remain segregated from the general population for administrative reasons. That same date, the Institutional Disciplinary Panel Hearing found JIMENEZ guilty of actions that could endanger a person and/or property sentenced him to 20 days of disciplinary segregation.

That same date, JIMENEZ received a disciplinary report for indecent exposure. This incident involved JIMENEZ calling the nurse to come to his door, and then exposing himself.

On May 5, 2017, the Institutional Disciplinary Panel Hearing found JIMENEZ guilty of indecent exposure and sentenced him to 3 days of disciplinary segregation.

~~Deliberative –~~
~~Law Enforcement Sensitive – For Official Use~~ Only

On May 9, 2017 the Confinement Review Committee reviewed JIMENEZ's case and recommended that he remain segregated from the general population for disciplinary reasons, with a scheduled release from segregation on May 19, 2017.

On May 15, 2017, at 0045 EDT, SDC notified ERO Atlanta that a medical emergency was called in the Special Housing Unit for JIMENEZ, who had hung himself in his cell. CoreCivic staff informed medical staff that JIMENEZ had hung himself with a sheet that had been tied around his neck. Medical staff performed a quick assessment and asked CoreCivic staff to call for emergency medical services. Medical staff continued cardiopulmonary resuscitation (CPR) and connected JIMENEZ to the automated external defibrillator, which indicated no shock advised and to continue CPR. At approximately 0100 EDT, emergency medical services (EMS) arrived and, during the course of the CPR, EMS staff administered four dosages of epinephrine and called for a back-up EMS unit; however, as the back-up EMS unit was over 30 minutes away, the EMS team decided to transport JIMENEZ to Phoebe Sumter Medical Center's Emergency Room. Phoebe Sumter Medical Center staff declared JIMENEZ deceased at 0215 EDT, with a preliminary cause of death from a self-inflicted strangulation.

JIMENEZ is the seventh detainee to pass away in ICE custody in fiscal year 2017.

~~Deliberative~~
~~Law Enforcement Sensitive – For Official Use Only~~

**From:** (b)(6);(b)(7)(C)
**Sent:** 30 May 2017 16:31:55 -0400
**To:** (b)(6);(b)(7)(C)
**Subject:** Atlanta - Detainee Death, 204 603 723, HQ - CMD information request, due no later than COB: 5/30/2017 Email 2 of 5
**Attachments:** JIMENEZ -Joseph-Medical Docs - 1.PDF, JIMENEZ_Joseph_Sterling_05302017.zip, JIMENEZ- Joseph_Ervin_05242017.zip

Email 2 of 5.

(b)(6);(b)(7)(C)
***Supervisory Detention and Deportation Officer***
***Executive Response Unit***
***DHS-ICE-ERO***
***Atlanta Field Office***
***Desk: 404-89***(b)(6);(b)(7)(C)
***Cell: 404-354***

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**From:** (b)(6);(b)(7)(C)
**Sent:** Tuesday, May 30, 2017 4:30 PM
**To:** (b)(6);(b)(7)(C)
**Subject:** Atlanta - Detainee Death, 204 603 723, HQ - CMD information request, due no later than COB: 5/30/2017 Email 1 of 5
**Importance:** High

DDO (b)(6);(b)(7)(C)

Please see the attached documents related to detainee A204 603 723 (Jean Carlos JIMENEZ-Joseph). The death certificate, autopsy and toxicology reports have not yet been received. Everything else is being sent if we had it in our records. Note that due to the size of these documents, this will be sent in five different emails. Feel free to reach out to me should you have any questions or concerns. Thank you.

(b)(6);(b)(7)(C)
***Supervisory Detention and Deportation Officer***
***Executive Response Unit***
***DHS-ICE-ERO***
***Atlanta Field Office***
***Desk: 404-89***(b)(6);(b)(7)(C)
***Cell: 404-354***

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**From:** (b)(6);(b)(7)(C)
**Sent:** Wednesday, May 24, 2017 11:19 AM
**To:** (b)(6);(b)(7)(C)
**Subject:** FW: Atlanta - Detainee Death, 204 603 723, HQ - CMD information request, due no later than COB: 5/30/2017
**Importance:** High

**From:** (b)(6);(b)(7)(C)
**Sent:** Monday, May 15, 2017 9:03 AM
**To:** (b)(6);(b)(7)(C)
**Cc:**
**Subject:** Atlanta - Detainee Death, 204 603 723, HQ - CMD information request, due no later than COB: 5/30/2017
**Importance:** High

Good Morning Atlanta Field Office,

As per ICE Policy 11003.2; Notification and Reporting of Detainee Deaths, the ERO HQ Custody Management (CM) is creating the file regarding the death of ICE detainee JIMENEZ Joseph, Jean Carlos, A204 603 723. Please provide the following information in the PDF format:

- Any documentation regarding the detention of detainee JIMENEZ including any and all facilities used (with timelines)
- Executive Summary
- Significant Event Notification (SEN)
- Email traffic regarding the death of JIMINEZ
- LOPEZ's 'A' file (Digitized) **Please do not send A-File**
- Any other documentation pertaining to JIMENEZ
- Treatment Authorization Requests (TARS), if applicable
- Medical Records
- Death Certificate
- Autopsy and toxicology Reports
- State and Local Law Enforcement reports if available

Please submit the requested information by the close of business on **Tuesday, May 30, 2017**, via email. Send documents as a scanned pdf, and compress the files before sending to DDO(b)(6);(b)(7)(C) Please be advised that any FedEx or UPS items sent to this office may be delayed 3-5 days.

CM realizes that your office may have already submitted portions of these documents to various HQ components; however, CM is tasked with gathering and presenting to ERO management, and other ICE components, all information regarding deaths of ICE detainees.

Please be advised that, CM and the Office of Detention Oversight (ODO) may be required to conduct a focus review of all the facilities (if applicable) in which JIMENEZ was detained while pending removal from the United States. If you have any questions regarding this matter, please contact DDO(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) at (202) 732(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)
**Detention and Deportation Officer**
U.S. Department of Homeland Security
Immigration and Customs Enforcement
Detention Standards Compliance Unit
500 12th Street, SW
Washington, D.C. 20536
D: (202)732(b)(6);(b)(C: (202)276(b)(6);(b)(
E: (b)(6);(b)(7)(C)

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